## Case 16-81565 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:57 Desc Main Document Page 1 of 49

| Fill in this information to identify your case: |                               |                                 |
|-------------------------------------------------|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|                                                 | ■ Chapter 7                   |                                 |
|                                                 | ☐ Chapter 11                  |                                 |
|                                                 | ☐ Chapter 12                  |                                 |
|                                                 | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par      | t 1: Identify Yourself                                                                                                                        |                                          |   |                                               |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---|-----------------------------------------------|--|
|          |                                                                                                                                               | About Debtor 1:                          |   | About Debtor 2 (Spouse Only in a Joint Case): |  |
| 1.       | Your full name                                                                                                                                |                                          |   |                                               |  |
|          | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture | Paris                                    |   |                                               |  |
|          |                                                                                                                                               | First name                               |   | First name                                    |  |
|          |                                                                                                                                               | Middle name                              | _ | Middle name                                   |  |
|          |                                                                                                                                               | Twyman                                   |   |                                               |  |
|          | identification to your meeting with the trustee.                                                                                              | Last name and Suffix (Sr., Jr., II, III) |   | Last name and Suffix (Sr., Jr., II, III)      |  |
|          |                                                                                                                                               |                                          |   |                                               |  |
| 2.       | All other names you have used in the last 8 years                                                                                             |                                          |   |                                               |  |
|          | Include your married or maiden names.                                                                                                         |                                          |   |                                               |  |
| 3.       | Only the last 4 digits of                                                                                                                     |                                          |   |                                               |  |
| <b>.</b> | your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)                                           | xxx-xx-4872                              |   |                                               |  |

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Debtor 1 Paris Twyman

|                                                                                                            |                                                           | About Debtor 1:                                                                                                                                                                                                                                                                                          | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                                                                |  |  |  |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |                                                           | ■ I have not used any business name or EINs.                                                                                                                                                                                                                                                             | ☐ I have not used any business name or EINs.                                                                                                                                                                                                 |  |  |  |
|                                                                                                            | Include trade names and doing business as names           | Business name(s)                                                                                                                                                                                                                                                                                         | Business name(s)                                                                                                                                                                                                                             |  |  |  |
|                                                                                                            |                                                           | EINs                                                                                                                                                                                                                                                                                                     | EINs                                                                                                                                                                                                                                         |  |  |  |
| 5.                                                                                                         | Where you live                                            |                                                                                                                                                                                                                                                                                                          | If Debtor 2 lives at a different address:                                                                                                                                                                                                    |  |  |  |
|                                                                                                            |                                                           | 1611 Constitution PI Rockford, IL 61103  Number, Street, City, State & ZIP Code  Winnebago County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |  |  |  |
| <b>3</b> .                                                                                                 | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                                                | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason.  Explain. (See 28 U.S.C. § 1408.)                                               |  |  |  |

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Case number (if known) Debtor 1 Paris Twyman

| ar  | t 2: Tell the Court About                                                                                                                                | Your Ba | ankruptcy Ca                     | ise                                   |                                                                   |                                    |                                                                                                                                    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------|---------------------------------------|-------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 7.  | The chapter of the Bankruptcy Code you are                                                                                                               |         |                                  |                                       | n of each, see <i>Notice Requi</i><br>of page 1 and check the app |                                    | ndividuals Filing for Bankruptcy                                                                                                   |
|     | choosing to file under                                                                                                                                   | ■ Ch    | apter 7                          |                                       |                                                                   |                                    |                                                                                                                                    |
|     |                                                                                                                                                          | ☐ Ch    | apter 11                         |                                       |                                                                   |                                    |                                                                                                                                    |
|     |                                                                                                                                                          | ☐ Ch    | apter 12                         |                                       |                                                                   |                                    |                                                                                                                                    |
|     |                                                                                                                                                          | ☐ Ch    | apter 13                         |                                       |                                                                   |                                    |                                                                                                                                    |
|     |                                                                                                                                                          |         | •                                |                                       |                                                                   |                                    |                                                                                                                                    |
| 3.  | How you will pay the fee                                                                                                                                 |         | about how yo                     | u may pay. Ty<br>attorney is sub      | pically, if you are paying the                                    | e fee yourself, you may pay with   | n your local court for more details<br>h cash, cashier's check, or money<br>ay with a credit card or check with                    |
|     | ■ I need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A). |         |                                  |                                       |                                                                   | Application for Individuals to Pay |                                                                                                                                    |
|     |                                                                                                                                                          |         | but is not req<br>applies to you | uired to, waive<br>ur family size a   | your fee, and may do so or<br>nd you are unable to pay th         | nly if your income is less than 1  | r Chapter 7. By law, a judge may, 50% of the official poverty line that oose this option, you must fill out it with your petition. |
| 9.  | Have you filed for bankruptcy within the                                                                                                                 | ■ No.   |                                  |                                       |                                                                   |                                    |                                                                                                                                    |
|     | last 8 years?                                                                                                                                            | ☐ Yes   | S.                               |                                       |                                                                   |                                    |                                                                                                                                    |
|     |                                                                                                                                                          |         | District                         |                                       |                                                                   | Case nun                           | mber                                                                                                                               |
|     |                                                                                                                                                          |         | District                         |                                       | When                                                              | Case nun                           | mber                                                                                                                               |
|     |                                                                                                                                                          |         | District                         |                                       | When                                                              | Case nun                           | nber                                                                                                                               |
| 10. | Are any bankruptcy                                                                                                                                       | ■ No    |                                  |                                       |                                                                   |                                    |                                                                                                                                    |
|     | cases pending or being<br>filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an                            | ☐ Yes   | S.                               |                                       |                                                                   |                                    |                                                                                                                                    |
|     | affiliate?                                                                                                                                               |         |                                  |                                       |                                                                   |                                    |                                                                                                                                    |
|     |                                                                                                                                                          |         | Debtor                           |                                       |                                                                   | Relationsh                         | ip to you                                                                                                                          |
|     |                                                                                                                                                          |         | District                         |                                       | When                                                              | Case numb                          | ber, if known                                                                                                                      |
|     |                                                                                                                                                          |         | Debtor                           |                                       |                                                                   | Relationsh                         | · ·                                                                                                                                |
|     |                                                                                                                                                          |         | District                         |                                       | When                                                              | Case numl                          | ber, if known                                                                                                                      |
| 11. | Do you rent your                                                                                                                                         | □ No.   | Go to I                          | ine 12.                               |                                                                   |                                    |                                                                                                                                    |
|     | residence?                                                                                                                                               | ■ Yes   | s. Has yo                        | ur landlord obt                       | ained an eviction judgment                                        | against you and do you want to     | o stay in your residence?                                                                                                          |
|     |                                                                                                                                                          |         |                                  | No. Go to line                        | 12.                                                               |                                    |                                                                                                                                    |
|     |                                                                                                                                                          |         | _                                | Yes. Fill out <i>li</i> bankruptcy pe |                                                                   | viction Judgment Against You (     | Form 101A) and file it with this                                                                                                   |
|     |                                                                                                                                                          |         |                                  |                                       |                                                                   |                                    |                                                                                                                                    |

Document Page 4 of 49 Case number (if known) Debtor 1 Paris Twyman Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4:

### Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. |  |
|------|--|
|      |  |
|      |  |

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Paris Twyman

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | otor 1 Paris Twyman                                            |                                                                                                              |                                                                                                                                                                                                | Case num                                                                                       | ber (if known)                                                                              |  |  |  |
|-----|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|--|--|
| Par | t 6: Answer These Quest                                        | ions for Re                                                                                                  | eporting Purposes                                                                                                                                                                              |                                                                                                |                                                                                             |  |  |  |
| 16. | What kind of debts do you have?                                | 16a.                                                                                                         | individual primarily for a p                                                                                                                                                                   | r consumer debts? Consumer debts are deersonal, family, or household purpose."                 | efined in 11 U.S.C. § 101(8) as "incurred by an                                             |  |  |  |
|     |                                                                |                                                                                                              | ☐ No. Go to line 16b.                                                                                                                                                                          |                                                                                                |                                                                                             |  |  |  |
|     |                                                                |                                                                                                              | Yes. Go to line 17.                                                                                                                                                                            |                                                                                                |                                                                                             |  |  |  |
|     |                                                                | 16b.                                                                                                         | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.       |                                                                                                |                                                                                             |  |  |  |
|     |                                                                |                                                                                                              | ☐ No. Go to line 16c.                                                                                                                                                                          |                                                                                                |                                                                                             |  |  |  |
|     |                                                                |                                                                                                              | ☐ Yes. Go to line 17.                                                                                                                                                                          |                                                                                                |                                                                                             |  |  |  |
|     |                                                                | 16c.                                                                                                         | State the type of debts yo                                                                                                                                                                     | u owe that are not consumer debts or busin                                                     | ess debts                                                                                   |  |  |  |
| 17. | Are you filing under<br>Chapter 7?                             | □ No.                                                                                                        | I am not filing under Chap                                                                                                                                                                     | ter 7. Go to line 18.                                                                          |                                                                                             |  |  |  |
|     | Do you estimate that after any exempt property is excluded and | Yes.                                                                                                         | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expense are paid that funds will be available to distribute to unsecured creditors? |                                                                                                |                                                                                             |  |  |  |
|     | administrative expenses                                        |                                                                                                              | ■ No                                                                                                                                                                                           |                                                                                                |                                                                                             |  |  |  |
|     | are paid that funds will be available for                      |                                                                                                              | □Yes                                                                                                                                                                                           |                                                                                                |                                                                                             |  |  |  |
|     | distribution to unsecured creditors?                           |                                                                                                              |                                                                                                                                                                                                |                                                                                                |                                                                                             |  |  |  |
| 18. | How many Creditors do                                          | <b>■</b> 1-49                                                                                                |                                                                                                                                                                                                | <b>1</b> ,000-5,000                                                                            | □ 25,001-50,000                                                                             |  |  |  |
|     | you estimate that you owe?                                     | ■ 1-49<br>■ 50-99                                                                                            |                                                                                                                                                                                                | ☐ 5001-10,000                                                                                  | ☐ 50,001-100,000                                                                            |  |  |  |
|     |                                                                | ☐ 100-19                                                                                                     | 99                                                                                                                                                                                             | ☐ 10,001-25,000                                                                                | ☐ More than100,000                                                                          |  |  |  |
|     |                                                                | □ 200-99                                                                                                     | 99                                                                                                                                                                                             |                                                                                                |                                                                                             |  |  |  |
| 19. | How much do you                                                | <b>\$0 - \$</b>                                                                                              | 50.000                                                                                                                                                                                         | ☐ \$1,000,001 - \$10 million                                                                   | □ \$500,000,001 - \$1 billion                                                               |  |  |  |
|     | estimate your assets to be worth?                              |                                                                                                              | 01 - \$100,000                                                                                                                                                                                 | ☐ \$10,000,001 - \$50 million                                                                  | ☐ \$1,000,000,001 - \$10 billion                                                            |  |  |  |
|     | 50 11011111                                                    |                                                                                                              | 001 - \$500,000                                                                                                                                                                                | □ \$50,000,001 - \$100 million                                                                 | □ \$10,000,000,001 - \$50 billion                                                           |  |  |  |
|     |                                                                | □ \$500,0                                                                                                    | 001 - \$1 million                                                                                                                                                                              | □ \$100,000,001 - \$500 million                                                                | ☐ More than \$50 billion                                                                    |  |  |  |
| 20. | How much do you                                                | <b>□</b> \$0 - \$9                                                                                           | 50,000                                                                                                                                                                                         | ☐ \$1,000,001 - \$10 million                                                                   | ☐ \$500,000,001 - \$1 billion                                                               |  |  |  |
|     | estimate your liabilities to be?                               | \$50,0                                                                                                       | 01 - \$100,000                                                                                                                                                                                 | ☐ \$10,000,001 - \$50 million                                                                  | □ \$1,000,000,001 - \$10 billion                                                            |  |  |  |
|     |                                                                |                                                                                                              | 001 - \$500,000                                                                                                                                                                                | □ \$50,000,001 - \$100 million                                                                 | □ \$10,000,000,001 - \$50 billion                                                           |  |  |  |
|     |                                                                | □ \$500,0                                                                                                    | 001 - \$1 million                                                                                                                                                                              | □ \$100,000,001 - \$500 million                                                                | ☐ More than \$50 billion                                                                    |  |  |  |
| Par | t 7: Sign Below                                                |                                                                                                              |                                                                                                                                                                                                |                                                                                                |                                                                                             |  |  |  |
| For | you                                                            | I have ex                                                                                                    | amined this petition, and I                                                                                                                                                                    | declare under penalty of perjury that the info                                                 | ormation provided is true and correct.                                                      |  |  |  |
|     |                                                                |                                                                                                              |                                                                                                                                                                                                | er 7, I am aware that I may proceed, if eligib<br>e relief available under each chapter, and I | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.           |  |  |  |
|     |                                                                |                                                                                                              |                                                                                                                                                                                                | id not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b).           | not an attorney to help me fill out this                                                    |  |  |  |
|     |                                                                | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |                                                                                                                                                                                                |                                                                                                |                                                                                             |  |  |  |
|     |                                                                | bankrupto<br>and 3571                                                                                        | cy case can result in fines ι                                                                                                                                                                  | ent, concealing property, or obtaining mone<br>up to \$250,000, or imprisonment for up to 20   | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|     |                                                                | Paris Tv                                                                                                     | Twyman<br>vyman<br>of Debtor 1                                                                                                                                                                 | Signature of Deb                                                                               | otor 2                                                                                      |  |  |  |
|     |                                                                | Ü                                                                                                            |                                                                                                                                                                                                | F                                                                                              |                                                                                             |  |  |  |
|     |                                                                | Executed                                                                                                     | on June 29, 2016<br>MM / DD / YYYY                                                                                                                                                             | Executed on                                                                                    | MM / DD / YYYY                                                                              |  |  |  |
|     |                                                                |                                                                                                              | , 55, 1111                                                                                                                                                                                     | IV                                                                                             | = = 1 1 1 1 1 1                                                                             |  |  |  |

Debtor 1 Paris Twyman Page 7 of 49 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel      | A. Springer            | Date          | June 29, 2016          |
|-----------------|------------------------|---------------|------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY         |
| Daniel A. S     | Springer               |               |                        |
| Springer L      | ₋aw Firm               |               |                        |
| Firm name       |                        |               |                        |
| 2222 E Sta      | ate St                 |               |                        |
| Suite 107       |                        |               |                        |
| Rockford,       | IL 61104               |               |                        |
| Number, Street, | City, State & ZIP Code |               |                        |
| Contact phone   | 815.312.4725           | Email address | dspringerlaw@gmail.com |
| 6314059         |                        |               |                        |
| Barnumbar & S   | tato                   |               |                        |

|                     |                          | 1700.000          | - Faue o UI 49 |       |
|---------------------|--------------------------|-------------------|----------------|-------|
| Fill in this infor  | mation to identify your  | case:             |                |       |
| Debtor 1            | Paris Twyman             |                   |                |       |
|                     | First Name               | Middle Name       | Last Name      |       |
| Debtor 2            |                          |                   |                |       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS    |       |
| Case number         |                          |                   |                |       |
| (if known)          |                          |                   |                | ☐ Che |
|                     |                          |                   |                | ame   |

## Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |                                                                                                                                                                                                    | Your as     | ssets<br>f what you own |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                               | \$          | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$          | 12,837.50               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$          | 12,837.50               |
| Pai | t 2: Summarize Your Liabilities                                                                                                                                                                    |             |                         |
|     |                                                                                                                                                                                                    |             | abilities<br>t you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 25,156.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$          | 28,855.71               |
|     | Your total liabilities                                                                                                                                                                             | \$          | 54,011.71               |
| Pai | t 3: Summarize Your Income and Expenses                                                                                                                                                            |             |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$          | 1,865.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$          | 1,937.00                |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                             |             |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                               |             |                         |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Page 9 of 49
Case number (if known) Debtor 1 Paris Twyman

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,641.51 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total cla | aim      |
|------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |           |          |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$        | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$        | 7,307.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$        | 7,307.00 |

|                     |                                                              | Document                                                                                               | Page 10 of 49                    |                                          |                                                             |
|---------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|-------------------------------------------------------------|
| Fill in this in     | formation to identify your                                   | case and this filing:                                                                                  |                                  |                                          |                                                             |
| Debtor 1            | Paria Tuuman                                                 |                                                                                                        |                                  |                                          |                                                             |
| Debior 1            | Paris Twyman First Name                                      | Middle Name                                                                                            | Last Name                        |                                          |                                                             |
| Debtor 2            |                                                              |                                                                                                        |                                  |                                          |                                                             |
| (Spouse, if filing) | First Name                                                   | Middle Name                                                                                            | Last Name                        |                                          |                                                             |
| United States       | Bankruptcy Court for the:                                    | NORTHERN DISTRICT OF ILL                                                                               | INOIS                            |                                          |                                                             |
| Case number         | r                                                            |                                                                                                        |                                  |                                          | ☐ Check if this is an                                       |
|                     |                                                              |                                                                                                        |                                  |                                          | amended filing                                              |
|                     |                                                              |                                                                                                        |                                  |                                          |                                                             |
| Official F          | Form 106A/B                                                  |                                                                                                        |                                  |                                          |                                                             |
| _                   | ule A/B: Prop                                                | nortv                                                                                                  |                                  |                                          | 12/15                                                       |
|                     |                                                              | pe items. List an asset only once. I                                                                   | f an accet fits in more than a   | no optogony list the poset i             |                                                             |
| think it fits bes   | t. Be as complete and accura<br>more space is needed, attach | ate as possible. If two married peop<br>a a separate sheet to this form. On the                        | ple are filing together, both ar | re equally responsible for s             | supplying correct                                           |
| Part 1: Descr       | ribe Each Residence, Building                                | g, Land, or Other Real Estate You C                                                                    | Own or Have an Interest In       |                                          |                                                             |
| 1. Do you own       | or have any legal or equitabl                                | le interest in any residence, buildin                                                                  | g, land, or similar property?    |                                          |                                                             |
| ■ No. Go to         | Part 2                                                       |                                                                                                        |                                  |                                          |                                                             |
| _                   | ere is the property?                                         |                                                                                                        |                                  |                                          |                                                             |
|                     | sie is the property:                                         |                                                                                                        |                                  |                                          |                                                             |
| Part 2: Descr       | ribe Your Vehicles                                           |                                                                                                        |                                  |                                          |                                                             |
| someone else        | drives. If you lease a vehic                                 | uitable interest in any vehicles<br>ele, also report it on Schedule G:<br>tility vehicles, motorcycles |                                  |                                          | venicies you own that                                       |
| 3.1 Make:           | Kia                                                          | Who has an interest in                                                                                 | the property? Check one          | Do not deduct secured                    | claims or exemptions. Put                                   |
|                     | Optima                                                       | <del></del>                                                                                            | ine property? Check one          |                                          | red claims on Schedule D:<br>aims Secured by Property.      |
| Model:<br>Year:     | 2011                                                         | Debtor 1 only                                                                                          |                                  |                                          |                                                             |
|                     |                                                              | Debtor 2 only  Debtor 1 and Debtor 2                                                                   | 0 anh                            | Current value of the<br>entire property? | Current value of the<br>portion you own?                    |
|                     | nformation:                                                  | Debtor 1 and Debtor 2  At least one of the de                                                          | •                                | entire property:                         | portion you own:                                            |
|                     |                                                              | At least one of the de                                                                                 | Stors and another                |                                          |                                                             |
|                     |                                                              | Check if this is come (see instructions)                                                               | munity property                  | \$7,600.00                               | \$7,600.00                                                  |
|                     |                                                              | ATVs and other recreational vel<br>onal watercraft, fishing vessels, s                                 |                                  |                                          |                                                             |
|                     |                                                              | you own for all of your entries . Write that number here                                               |                                  |                                          | \$7,600.00                                                  |
| Part 3: Descr       | ribe Your Personal and Hous                                  | sehold Items                                                                                           |                                  |                                          |                                                             |
|                     |                                                              | table interest in any of the follo                                                                     | wing items?                      |                                          | Current value of the portion you own? Do not deduct secured |
| 6. Household        | d goods and furnishings                                      |                                                                                                        |                                  |                                          | claims or exemptions.                                       |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Case 16-81565 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:57 Desc Main Document Page 11 of 49 Debtor 1 Case number (if known) Paris Twyman Yes. Describe..... \$800.00 Queen Size Bed, Living Room Set, Kitchen Dishes, Cookware 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$435.00 Two TV's, Laptop, Desktop, XBOX 360, DVD Player 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Yes. Describe..... Home Decor, Twenty Five Books \$302.50 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... **Used Clothing** \$3.500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$5,037.50 for Part 3. Write that number here .....

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 2

Case 16-81565 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:57 Desc Main Document Page 12 of 49 Case number (if known) Debtor 1 Paris Twyman claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... \$200.00 Checking **Rush Card** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

■ No

■ No

☐ Yes.....

|     |                | Case 16-81                                                         | 1565       | Doc 1                    | Filed 06/29/16<br>Document                           | Entered 06/29/16 12:37:57<br>Page 13 of 49              | Desc Main                                                     |
|-----|----------------|--------------------------------------------------------------------|------------|--------------------------|------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|
| De  | ebtor 1        | Paris Twyman                                                       | 1          |                          | Document                                             | Case number (if known)                                  |                                                               |
| 27. | Examp  ■ No    | es, franchises, an<br>oles: Building permi<br>Give specific inform | its, exclu | sive licenses            | ngibles<br>cooperative association                   | n holdings, liquor licenses, professional licens        | es                                                            |
| М   | onev or r      | property owed to                                                   | vou2       |                          |                                                      |                                                         | Current value of the                                          |
| 141 | oney or p      | property owed to                                                   | you:       |                          |                                                      |                                                         | portion you own?  Do not deduct secured claims or exemptions. |
| 28. | Tax ref        | unds owed to yoเ                                                   | ı          |                          |                                                      |                                                         |                                                               |
|     | ☐ Yes. (       | Give specific inforn                                               | nation ab  | oout them, inc           | cluding whether you alre                             | ady filed the returns and the tax years                 |                                                               |
| 29. | ■ No           | oles: Past due or lui                                              | ·          | ,                        | usal support, child suppo                            | ort, maintenance, divorce settlement, property          | settlement                                                    |
|     | ⊔ Yes. (       | Give specific inforn                                               | nation     |                          |                                                      |                                                         |                                                               |
| 30. | Examp          | amounts someone<br>oles: Unpaid wages<br>benefits; unpa            | , disabili | ty insurance p           |                                                      | efits, sick pay, vacation pay, workers' comper          | nsation, Social Security                                      |
|     | ■ No<br>□ Yes  | Give specific infor                                                | mation     |                          |                                                      |                                                         |                                                               |
| 31. | Interest Examp | ts in insurance po                                                 | olicies    | e insurance; h           | ealth savings account (                              | HSA); credit, homeowner's, or renter's insurar          | nce                                                           |
|     | ■ No           |                                                                    |            |                          |                                                      |                                                         |                                                               |
|     | ⊔ Yes. I       | Name the insuranc                                                  |            | iny of each popany name: | olicy and list its value.                            | Beneficiary:                                            | Surrender or refund value:                                    |
| 32. | If you a       |                                                                    |            |                          | someone who has die<br>t proceeds from a life in     | ed<br>surance policy, or are currently entitled to rece | eive property because                                         |
|     | _              | Give specific inform                                               | mation     |                          |                                                      |                                                         |                                                               |
| 33. | Examp  ■ No    | oles: Accidents, em                                                | ploymen    |                          | you have filed a lawsui<br>surance claims, or rights | it or made a demand for payment<br>s to sue             |                                                               |
|     | ⊔ Yes.         | Describe each clai                                                 | ım         |                          |                                                      |                                                         |                                                               |
| 34. | Other c        | contingent and un                                                  | liquidat   | ed claims of             | every nature, including                              | g counterclaims of the debtor and rights to             | set off claims                                                |
|     | ☐ Yes.         | Describe each clai                                                 | im         |                          |                                                      |                                                         |                                                               |
| 35. | Any fin        | ancial assets you                                                  | did not    | already list             |                                                      |                                                         |                                                               |
|     | ☐ Yes.         | Give specific inform                                               | mation     |                          |                                                      |                                                         |                                                               |
| 36  |                |                                                                    |            |                          | om Part 4, including a                               | ny entries for pages you have attached                  | \$200.00                                                      |
| Pa  | art 5: Des     | scribe Any Business                                                | s-Related  | Property You             | Own or Have an Interest                              | In. List any real estate in Part 1.                     |                                                               |
| 37. | Do you o       | own or have any lega                                               | al or equi | table interest           | in any business-related p                            | roperty?                                                |                                                               |
|     | No. Go         | to Part 6.                                                         |            |                          |                                                      |                                                         |                                                               |
|     | ☐ Yes. G       | So to line 38.                                                     |            |                          |                                                      |                                                         |                                                               |

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Case number (if known) Document Debtor 1 **Paris Twyman** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$7.600.00 57. Part 3: Total personal and household items, line 15 \$5,037.50 Part 4: Total financial assets, line 36 \$200.00 58. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$12,837.50 Copy personal property total \$12,837.50

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$12,837.50

|                     |                          | 17(1,111)         | 111 1 (1) (1) 4 |  |
|---------------------|--------------------------|-------------------|-----------------|--|
| Fill in this infor  | mation to identify your  | case:             |                 |  |
| Debtor 1            | Paris Twyman             |                   |                 |  |
|                     | First Name               | Middle Name       | Last Name       |  |
| Debtor 2            |                          |                   |                 |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |  |
| Case number         |                          |                   |                 |  |
| (if known)          |                          |                   |                 |  |
|                     |                          |                   |                 |  |
|                     |                          |                   |                 |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the<br>portion you own | Amount of the exemption you claim |                                                                 | Specific laws that allow exemption                                                                                                                                                                                                                 |
|-----------------------------------------|-----------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Copy the value from<br>Schedule A/B     | Che                               | eck only one box for each exemption.                            |                                                                                                                                                                                                                                                    |
| \$7,600.00                              |                                   | \$2,400.00                                                      | 735 ILCS 5/12-1001(c)                                                                                                                                                                                                                              |
|                                         |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                    |
| \$800.00                                |                                   | \$800.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                              |
|                                         |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                    |
| \$435.00                                |                                   | \$435.00                                                        | 735 ILCS 5/12-1001(b)                                                                                                                                                                                                                              |
|                                         |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                    |
| \$302.50                                |                                   | \$302.50                                                        | 735 ILCS 5/12-1001(a)                                                                                                                                                                                                                              |
|                                         |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                    |
| \$3,500.00                              |                                   | \$3,500.00                                                      | 735 ILCS 5/12-1001(a)                                                                                                                                                                                                                              |
|                                         |                                   | 100% of fair market value, up to any applicable statutory limit |                                                                                                                                                                                                                                                    |
|                                         | \$7,600.00 \$800.00 \$302.50      | \$7,600.00                                                      | Copy the value from Schedule A/B  \$7,600.00  \$2,400.00  100% of fair market value, up to any applicable statutory limit  \$435.00  \$302.50  \$3,500.00  \$3,500.00  \$3,500.00  100% of fair market value, up to any applicable statutory limit |

Case 16-81565 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:57 Desc Main Document Page 16 of 49 Paris Twyman Case number (if known) Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Rush Card** 735 ILCS 5/12-1001(b) \$200.00 \$200.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? 

Yes

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Page 17                                                                                                   | 0143                                                               |                                              |                   |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|-------------------|
| Fill i                                       | in this information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | n to identify you                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                    |                                              |                   |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                    |                                              |                   |
| Debi                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | aris Twyman<br>st Name                                                                                              | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                 |                                                                    | -                                            |                   |
| Debt                                         | tor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                    |                                              |                   |
|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | st Name                                                                                                             | Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Last Name                                                                                                 |                                                                    | -                                            |                   |
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| Part 2. Lis for ea much 2.1                  | st all secured claims ach claim. If more than as possible, list the Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507 Number, Street, City, | s. If a creditor has an one creditor has claims in alphabeti e Corp                                                 | more than one secured claim, list the sa particular claim, list the other credical order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tors in Part 2. As ame.  es the claim: miles  is: Check all that                                          | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Part  2. Lis for ea much  2.1                | st all secured claims ach claim. If more than as possible, list the Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Company of the | s. If a creditor has an one creditor has claims in alphabeti e Corp                                                 | more than one secured claim, list the sa particular claim, list the other credit cal order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tors in Part 2. As ame.  es the claim: miles  is: Check all that                                          | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Part  2. Lis for ea much  2.1                | st all secured claims ach claim. If more than as possible, list the Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Compared to only debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | sured Claims  s. If a creditor has an one creditor has claims in alphabeti e Corp  7 16 State & Zip Code check one. | more than one secured claim, list the a particular claim, list the other credit cal order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent  Unliquidated  Disputed  Nature of lien. Check all that appl  An agreement you made (such acre loan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tors in Part 2. As ame.  es the claim: miles  is: Check all that  y. as mortgage or secu                  | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Part  2. Lis for ea much  2.1  Who  D  D  D  | List All Sec st all secured claims ach claim. If more that has possible, list the  Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Co pebtor 1 only pebtor 2 only pebtor 1 and Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s. If a creditor has an one creditor has claims in alphabetine Corp                                                 | more than one secured claim, list the sa particular claim, list the other credical order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apple car loan)  Statutory lien (such as tax lien, in the claim apple).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tors in Part 2. As ame.  es the claim: miles  is: Check all that  y. as mortgage or secu                  | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Part  2. List for ea much  2.1  D  D  D  A   | st all secured claims ach claim. If more than as possible, list the Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Compared to any pebtor 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least one of the debter 1 and Debtor 2 at least 0 | s. If a creditor has an one creditor has claims in alphabetine Corp  7 16 State & Zip Code Check one.               | more than one secured claim, list the a particular claim, list the other credical order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that appl An agreement you made (such acra loan)  Statutory lien (such as tax lien, in Judgment lien from a lawsuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | es the claim: miles  is: Check all that  y. as mortgage or secu                                           | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Part  2. Lis for ea much  2.1  D  D  A  C  C | List All Sec st all secured claims ach claim. If more that has possible, list the  Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Co pebtor 1 only pebtor 2 only pebtor 1 and Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s. If a creditor has an one creditor has claims in alphabetine Corp  7 16 State & Zip Code Check one.               | more than one secured claim, list the sa particular claim, list the other credical order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apple car loan)  Statutory lien (such as tax lien, in the claim apple).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | es the claim: miles  is: Check all that  y. as mortgage or secu                                           | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Who  D D A C C C C C C C C C C C C C C C C   | List All Sec st all secured claims ach claim. If more that has possible, list the Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Co pebtor 1 only pebtor 2 only pebtor 1 and Debtor 2 at least one of the debt check if this claim re-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sured Claims  s. If a creditor has an one creditor has claims in alphabeti e Corp  7 16 State & Zip Code check one. | more than one secured claim, list the a particular claim, list the other credical order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that appl An agreement you made (such acra loan)  Statutory lien (such as tax lien, in Judgment lien from a lawsuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | es the claim: miles  is: Check all that  y. as mortgage or secu                                           | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Part  2. Lis for ea much  2.1  D  D  A  C  C | List All Sec st all secured claims ach claim. If more that has possible, list the Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Co pebtor 1 only pebtor 2 only pebtor 1 and Debtor 2 at least one of the debt check if this claim re-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sured Claims  s. If a creditor has an one creditor has claims in alphabeti e Corp  7 16 State & Zip Code Check one. | more than one secured claim, list the a particular claim, list the other credical order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that appl An agreement you made (such acra loan)  Statutory lien (such as tax lien, in Judgment lien from a lawsuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | es the claim: miles  is: Check all that  y. as mortgage or secu                                           | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Who  D D A C C C C C C C C C C C C C C C C   | List All Sec st all secured claims ach claim. If more that has possible, list the Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Co pebtor 1 only pebtor 2 only pebtor 1 and Debtor 2 at least one of the debt check if this claim re-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sured Claims  s. If a creditor has an one creditor has claims in alphabeti e Corp  7 16 State & Zip Code check one. | more than one secured claim, list the a particular claim, list the other credical order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that appl An agreement you made (such acra loan)  Statutory lien (such as tax lien, in Judgment lien from a lawsuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | es the claim: miles  is: Check all that  y. as mortgage or secu                                           | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |
| Who  □ D □ A □ C                             | List All Sec st all secured claims ach claim. If more that has possible, list the Exeter Finance Creditor's Name  Po Box 166097 Irving, TX 7507  Number, Street, City, So owes the debt? Co pebtor 1 only pebtor 2 only pebtor 1 and Debtor 2 at least one of the debt check if this claim re-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sured Claims  s. If a creditor has an one creditor has claims in alphabeti e Corp  7 16 State & Zip Code Check one. | more than one secured claim, list the a particular claim, list the other credical order according to the creditor's n  Describe the property that secure  2011 Kia Optima 130,415 I  As of the date you file, the claim apply.  Contingent Unliquidated Disputed Nature of lien. Check all that appl An agreement you made (such acra loan)  Statutory lien (such as tax lien, in Judgment lien from a lawsuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tors in Part 2. As ame.  es the claim: miles  is: Check all that  y. as mortgage or secu mechanic's lien) | Amount of claim Do not deduct the value of collateral. \$25,156.00 | Value of collateral that supports this claim | Unsecured portion |

If this is the last page of your form, add the dollar value totals from all pages. \$25,156.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                                                           |                                                                                                                                                                  | Document                                                                                                                                          | Page 18 of 49                                                                                                                                                                                                                                                                                                 |                                                                                |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Fill in this                                                              | information to identify your                                                                                                                                     | case:                                                                                                                                             |                                                                                                                                                                                                                                                                                                               |                                                                                |
| Debtor 1                                                                  | Paris Twyman                                                                                                                                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                |
|                                                                           | First Name                                                                                                                                                       | Middle Name                                                                                                                                       | Last Name                                                                                                                                                                                                                                                                                                     |                                                                                |
| Debtor 2<br>(Spouse if, filing                                            | ng) First Name                                                                                                                                                   | Middle Name                                                                                                                                       | Last Name                                                                                                                                                                                                                                                                                                     |                                                                                |
| United Sta                                                                | tes Bankruptcy Court for the:                                                                                                                                    | NORTHERN DISTRICT OF IL                                                                                                                           | LINOIS                                                                                                                                                                                                                                                                                                        |                                                                                |
| Case num<br>(if known)                                                    | ber                                                                                                                                                              |                                                                                                                                                   | -                                                                                                                                                                                                                                                                                                             | Check if this is an amended filing                                             |
| Schedu                                                                    |                                                                                                                                                                  | /ho Have Unsecured                                                                                                                                |                                                                                                                                                                                                                                                                                                               | 12/15                                                                          |
| any executo<br>Schedule G<br>Schedule D:<br>left. Attach t<br>name and ca | ry contracts or unexpired leases<br>Executory Contracts and Unexp<br>Creditors Who Have Claims Sec<br>he Continuation Page to this pag<br>ase number (if known). | that could result in a claim. Also loired Leases (Official Form 106G). Is ured by Property. If more space is ge. If you have no information to re | TY claims and Part 2 for creditors with NONPRIORITY cla<br>list executory contracts on Schedule A/B: Property (Offi<br>Do not include any creditors with partially secured claim<br>needed, copy the Part you need, fill it out, number the e<br>port in a Part, do not file that Part. On the top of any add | cial Form 106A/B) and on<br>s that are listed in<br>ntries in the boxes on the |
|                                                                           | List All of Your PRIORITY Ur                                                                                                                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                |
| _ `                                                                       | creditors have priority unsecure                                                                                                                                 | ed claims against you?                                                                                                                            |                                                                                                                                                                                                                                                                                                               |                                                                                |
| No.                                                                       | Go to Part 2.                                                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                |
| ☐ Yes                                                                     |                                                                                                                                                                  |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                |
| Part 2:                                                                   | List All of Your NONPRIORIT                                                                                                                                      | TY Unsecured Claims                                                                                                                               |                                                                                                                                                                                                                                                                                                               |                                                                                |
| 3. Do any                                                                 | creditors have nonpriority unse                                                                                                                                  | cured claims against you?                                                                                                                         |                                                                                                                                                                                                                                                                                                               |                                                                                |
| □ No.                                                                     | You have nothing to report in this p                                                                                                                             | part. Submit this form to the court with                                                                                                          | your other schedules.                                                                                                                                                                                                                                                                                         |                                                                                |
| ■ Yes                                                                     |                                                                                                                                                                  |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               |                                                                                |
| 4. List all unsecu                                                        | of your nonpriority unsecured cl<br>red claim, list the creditor separatel                                                                                       | y for each claim. For each claim listed                                                                                                           | ne creditor who holds each claim. If a creditor has more the d, identify what type of claim it is. Do not list claims already in have more than three nonpriority unsecured claims fill out the                                                                                                               | ncluded in Part 1. If more                                                     |
|                                                                           |                                                                                                                                                                  |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                               | Total claim                                                                    |
| 4.1 <b>B</b> a                                                            | ank of America                                                                                                                                                   | Last 4 digits of acc                                                                                                                              | count number                                                                                                                                                                                                                                                                                                  | \$500.00                                                                       |
| 41                                                                        | npriority Creditor's Name 61 Piedmont Pkwy                                                                                                                       | When was the deb                                                                                                                                  | t incurred?                                                                                                                                                                                                                                                                                                   |                                                                                |
| Nu                                                                        | mber Street City State Zlp Code                                                                                                                                  | As of the date you                                                                                                                                | file, the claim is: Check all that apply                                                                                                                                                                                                                                                                      |                                                                                |
|                                                                           | no incurred the debt? Check one.                                                                                                                                 | _                                                                                                                                                 |                                                                                                                                                                                                                                                                                                               |                                                                                |
|                                                                           | Debtor 1 only                                                                                                                                                    | ☐ Contingent                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |                                                                                |
|                                                                           | Debtor 2 only                                                                                                                                                    | ☐ Unliquidated                                                                                                                                    |                                                                                                                                                                                                                                                                                                               |                                                                                |
|                                                                           | Debtor 1 and Debtor 2 only                                                                                                                                       | Disputed                                                                                                                                          |                                                                                                                                                                                                                                                                                                               |                                                                                |
|                                                                           | At least one of the debtors and an                                                                                                                               | Ollici                                                                                                                                            | RITY unsecured claim:                                                                                                                                                                                                                                                                                         |                                                                                |
| de                                                                        |                                                                                                                                                                  | ☐ Obligations arisi                                                                                                                               | ng out of a separation agreement or divorce that you did not                                                                                                                                                                                                                                                  |                                                                                |
|                                                                           | the claim subject to offset?                                                                                                                                     | report as priority cla                                                                                                                            |                                                                                                                                                                                                                                                                                                               |                                                                                |
|                                                                           | No                                                                                                                                                               | '                                                                                                                                                 | n or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                            |                                                                                |
|                                                                           | Yes                                                                                                                                                              | Other. Specify                                                                                                                                    | Debt Owed                                                                                                                                                                                                                                                                                                     | _                                                                              |

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Debtor 1 Paris Twyman Case number (if know) 4.2 \$778.00 Cci Last 4 digits of account number 4382 Nonpriority Creditor's Name **Contract Callers I** When was the debt incurred? Augusta, GA 30901 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify 10 Comed ☐ Yes 4.3 **Convergent Outsourcing** Last 4 digits of account number 4928 \$188.00 Nonpriority Creditor's Name 800 Sw 39th St When was the debt incurred? Opened 12/01/13 Renton, WA 98057 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Comcast** ☐ Yes 4.4 **Credit Union 1** Last 4 digits of account number \$7,112.79 3373 Nonpriority Creditor's Name 4227 Maray Drive #5 When was the debt incurred? 07/2009 Rockford, IL 61107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Legal Item

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Case number (if know)

|     | Falls I Wyllian                                        |                                                                |                                              |            |
|-----|--------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------|------------|
| 4.5 | Laurie Bellino                                         | Last 4 digits of account number                                | 0630                                         | \$500.00   |
|     | Nonpriority Creditor's Name PO BOX 326                 | When was the debt incurred?                                    | 04/2003                                      |            |
|     | Harvard, IL 60033  Number Street City State Zlp Code   | As of the date you file, the claim                             | s. Check all that apply                      |            |
|     | Who incurred the debt? Check one.                      | As of the date you me, the dami                                | 3. Officer all that apply                    |            |
|     | Debtor 1 only                                          | ☐ Contingent                                                   |                                              |            |
|     | Debtor 2 only                                          | ☐ Unliquidated                                                 |                                              |            |
|     | ☐ Debtor 1 and Debtor 2 only                           | ☐ Disputed                                                     |                                              |            |
|     | ☐ At least one of the debtors and another              | Type of NONPRIORITY unsecure                                   | d claim:                                     |            |
|     | ☐ Check if this claim is for a community               | ☐ Student loans                                                |                                              |            |
|     | debt                                                   |                                                                | ration agreement or divorce that you did not |            |
|     | Is the claim subject to offset?                        | report as priority claims                                      | a plane, and other similar debte             |            |
|     | ■ No                                                   | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|     | Yes                                                    | Other. Specify Legal Item                                      |                                              |            |
| 4.6 | Midland Funding, LLC                                   | Last 4 digits of account number                                | 0624                                         | \$1,171.48 |
|     | Nonpriority Creditor's Name  Attn: Bankruptcy Dept.    | When was the debt incurred?                                    | 02/2007                                      |            |
|     | 2365 Northside Drive, Suite 300                        |                                                                |                                              |            |
|     | San Diego, CA 92108  Number Street City State Zlp Code | As of the date was file the claim                              | Charle all that analy                        |            |
|     | Who incurred the debt? Check one.                      | As of the date you file, the claim                             | s: Спеск ан тлат арргу                       |            |
|     | ■ Debtor 1 only                                        | ☐ Contingent                                                   |                                              |            |
|     | Debtor 2 only                                          | ☐ Unliquidated                                                 |                                              |            |
|     | Debtor 1 and Debtor 2 only                             | ☐ Disputed                                                     |                                              |            |
|     | ☐ At least one of the debtors and another              | Type of NONPRIORITY unsecure                                   | d claim:                                     |            |
|     | ☐ Check if this claim is for a community               | ☐ Student loans                                                |                                              |            |
|     | debt                                                   |                                                                | ration agreement or divorce that you did not |            |
|     | Is the claim subject to offset?                        | report as priority claims                                      |                                              |            |
|     | No                                                     | Debts to pension or profit-sharing                             | g plans, and other similar debts             |            |
|     | Yes                                                    | Other. Specify Legal Item                                      |                                              |            |
| 4.7 | NCO Financial Systems                                  | Last 4 digits of account number                                | 1755                                         | \$717.65   |
|     | Nonpriority Creditor's Name 507 Prudential Road        | When was the debt incurred?                                    | 05/2003                                      |            |
|     | Horsham, PA 19044                                      |                                                                |                                              |            |
|     | Number Street City State ZIp Code                      | As of the date you file, the claim                             | s: Check all that apply                      |            |
|     | Who incurred the debt? Check one.                      |                                                                |                                              |            |
|     | Debtor 1 only                                          | ☐ Contingent                                                   |                                              |            |
|     | Debtor 2 only                                          | ☐ Unliquidated                                                 |                                              |            |
|     | Debtor 1 and Debtor 2 only                             | ☐ Disputed                                                     |                                              |            |
|     | At least one of the debtors and another                | Type of NONPRIORITY unsecure                                   | d claim:                                     |            |
|     | ☐ Check if this claim is for a community debt          | Student loans                                                  | ration are an all trans the trans did        |            |
|     | Is the claim subject to offset?                        | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No                                                   | ☐ Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|     | □Yes                                                   | Other Specify Legal Item                                       |                                              |            |
|     | _ 100                                                  | - Other. Specify                                               |                                              |            |

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| Debtor | 1 Paris Twyman                                                                               |                                                              | Case number (if know)                         |            |
|--------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------|
| 4.8    | Nicor Gas                                                                                    | Last 4 digits of account number                              |                                               | \$500.00   |
|        | Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 5407                               | When was the debt incurred?                                  |                                               |            |
|        | Carol Stream, IL 60197  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | ■ Debtor 1 only                                                                              | ☐ Contingent                                                 |                                               |            |
|        | ☐ Debtor 2 only                                                                              | ☐ Unliquidated                                               |                                               |            |
|        | ☐ Debtor 1 and Debtor 2 only                                                                 | ☐ Disputed                                                   |                                               |            |
|        | ☐ At least one of the debtors and another                                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community                                                     | ☐ Student loans                                              |                                               |            |
|        | debt Is the claim subject to offset?                                                         | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|        | ■ No                                                                                         | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|        | Yes                                                                                          | ■ Other. Specify Utility Debt                                | :                                             |            |
| 4.9    | Rockford Mercantile                                                                          | Last 4 digits of account number                              | 0168                                          | \$3,944.00 |
|        | Nonpriority Creditor's Name<br>2502 S Alpine Rd<br>Rockford, IL 61108                        | When was the debt incurred?                                  | Opened 6/01/13                                |            |
|        | Number Street City State Zlp Code                                                            | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.                                                            |                                                              |                                               |            |
|        | ■ Debtor 1 only                                                                              | ☐ Contingent                                                 |                                               |            |
|        | Debtor 2 only                                                                                | ☐ Unliquidated                                               |                                               |            |
|        | ☐ Debtor 1 and Debtor 2 only                                                                 | ☐ Disputed                                                   |                                               |            |
|        | ☐ At least one of the debtors and another                                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community                                                     | ☐ Student loans                                              |                                               |            |
|        | debt Is the claim subject to offset?                                                         | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|        | ■ No                                                                                         | Debts to pension or profit-sharing                           | g plans, and other similar debts              |            |
|        | ☐ Yes                                                                                        | Other. Specify Collection Ctr                                | Attorney Osf St Anthony Medical               |            |
| 4.1    | Rockford Mercantile                                                                          | Last 4 digits of account number                              | 0165                                          | \$2,672.00 |
|        | Nonpriority Creditor's Name<br>2502 S Alpine Rd<br>Rockford, IL 61108                        | When was the debt incurred?                                  | Opened 11/01/11                               |            |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.                         | As of the date you file, the claim                           | is: Check all that apply                      |            |
|        | ■ Debtor 1 only                                                                              | ☐ Contingent                                                 |                                               |            |
|        | ☐ Debtor 2 only                                                                              | ☐ Unliquidated                                               |                                               |            |
|        | ☐ Debtor 1 and Debtor 2 only                                                                 | ☐ Disputed                                                   |                                               |            |
|        | ☐ At least one of the debtors and another                                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|        | ☐ Check if this claim is for a community                                                     | ☐ Student loans                                              |                                               |            |
|        | debt Is the claim subject to offset?                                                         | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|        | ■ No                                                                                         | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
|        | ☐ Yes                                                                                        | Collection Other. Specify Ctr                                | Attorney Osf St Anthony Medical               |            |

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Case number (if know)

| Rockford Mercantile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | ·                                             |                                       | rans i wyman                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------|---------------------------------------|-------------------------------------------|--|
| 2502 S Alpine Rd Rockford, IL 61108  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Pes  Opened 5/01/13  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  Collection Attorney Rockford Radiology  The Hartford Ins Group Nonpriority Creditor's Name | \$217.00   | 0166                                          | Last 4 digits of account number       |                                           |  |
| Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Pes  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Debta on a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collection Attorney Rockford Radiology  Last 4 digits of account number  5047          |            | Opened 5/01/13                                | When was the debt incurred?           | 2502 S Alpine Rd                          |  |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  The Hartford Ins Group Nonpriority Creditor's Name  Last 4 digits of account number 5047                                                                                                                                                                                                                                                                                                                                          |            | is: Check all that apply                      | As of the date you file, the claim is |                                           |  |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Collection Attorney Rockford Radiology  Last 4 digits of account number □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ Collection Attorney Rockford Radiology  Last 4 digits of account number □ 5047                                                                                                                                                                                                                                                                                                   |            | ,                                             | •                                     | Who incurred the debt? Check one.         |  |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Collection Attorney Rockford Radiology  4.1 2 The Hartford Ins Group Nonpriority Creditor's Name                                                                                                                                                                                                                                                                                                                                                                             |            |                                               | ☐ Contingent                          | ■ Debtor 1 only                           |  |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify  The Hartford Ins Group Nonpriority Creditor's Name □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify  Collection Attorney Rockford Radiology                                                                                                                                                                                                                                                                                                                                                                                  |            |                                               | · ·                                   | Debtor 2 only                             |  |
| ☐ At least one of the debtors and another       Type of NONPRIORITY unsecured claim:         ☐ Check if this claim is for a community debt       ☐ Student loans         ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         ☐ No       ☐ Debts to pension or profit-sharing plans, and other similar debts         ☐ Yes       Collection Attorney Rockford Radiology             4.1       The Hartford Ins Group         Nonpriority Creditor's Name       Last 4 digits of account number       5047                                                                                                                                                                                                                                                                                                                                                       |            |                                               | _ '                                   |                                           |  |
| □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Collection Attorney Rockford Radiology  4.1 2 The Hartford Ins Group Nonpriority Creditor's Name □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Collection Attorney Rockford Radiology                                                                                                                                                                                                                                                                                                                                                                                         |            | d claim:                                      | <u>.</u>                              | •                                         |  |
| debt Is the claim subject to offset?  In No  In No  In Hartford Ins Group  Nonpriority Creditor's Name    Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Collection Attorney Rockford Radiology  Last 4 digits of account number   5047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                                               | ☐ Student loans                       |                                           |  |
| The Hartford Ins Group Nonpriority Creditor's Name  Other. Specify  Collection Attorney Rockford Radiology  Last 4 digits of account number  5047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | aration agreement or divorce that you did not |                                       | debt                                      |  |
| The Hartford Ins Group Nonpriority Creditor's Name  Other. Specify  Collection Attorney Rockford Radiology  Last 4 digits of account number  5047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | ng plans, and other similar debts             | <u></u>                               | ■ No                                      |  |
| Ine Hartford Ins Group  Last 4 digits of account number  Nonpriority Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                               | , ,                                   |                                           |  |
| Ine Hartford Ins Group   Last 4 digits of account number   5047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                               |                                       |                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,947.79 | 5047                                          | Last 4 digits of account number       |                                           |  |
| 4245 Meridian Pkwy ,Suite 101 When was the debt incurred? 10/2009  Aurora, IL 60504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | 10/2009                                       | When was the debt incurred?           | Suite 101, 4245 Meridian Pkwy             |  |
| Number Street City State Zlp Code  As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | is: Check all that apply                      | As of the date you file, the claim is |                                           |  |
| Who incurred the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                               |                                       | Who incurred the debt? Check one.         |  |
| ■ Debtor 1 only □ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                               | ☐ Contingent                          | ■ Debtor 1 only                           |  |
| ☐ Debtor 2 only ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                               | ☐ Unliquidated                        | ☐ Debtor 2 only                           |  |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                               | ☐ Disputed                            | ☐ Debtor 1 and Debtor 2 only              |  |
| At least one of the debtors and another  Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | d claim:                                      | Type of NONPRIORITY unsecured         | ☐ At least one of the debtors and another |  |
| ☐ Check if this claim is for a community ☐ Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                               | ☐ Student loans                       | ☐ Check if this claim is for a community  |  |
| debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | aration agreement or divorce that you did not |                                       |                                           |  |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | ng plans, and other similar debts             | <u> </u>                              | ■ No                                      |  |
| ☐ Yes ☐ Other. Specify Legal Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                               | ·                                     | _                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                               |                                       |                                           |  |
| Us Dept Of Ed/glelsi Last 4 digits of account number 8581                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$7,307.00 | 8581                                          | Last 4 digits of account number       |                                           |  |
| Nonpriority Creditor's Name  Opened 7/01/15 Last Active                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Onened 7/01/15 Last Active                    |                                       | Nonpriority Creditor's Name               |  |
| PO BOX 7860 When was the debt incurred? 5/31/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                               | When was the debt incurred?           |                                           |  |
| Madison, WI 53707                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                               |                                       | ·                                         |  |
| Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | is: Check all that apply                      | As of the date you file, the claim is | •                                         |  |
| ■ Debtor 1 only □ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                               | ☐ Contingent                          | ■ Debtor 1 only                           |  |
| ☐ Debtor 2 only ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                               | ☐ Unliquidated                        | ☐ Debtor 2 only                           |  |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                               | ☐ Disputed                            | ☐ Debtor 1 and Debtor 2 only              |  |
| At least one of the debtors and another  Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | d claim:                                      | Type of NONPRIORITY unsecured         | ☐ At least one of the debtors and another |  |
| ☐ Check if this claim is for a community   Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                               | Student loans                         |                                           |  |
| debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | aration agreement or divorce that you did not |                                       | debt                                      |  |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | ng plans, and other similar debts             | Debts to pension or profit-sharing    | ■ No                                      |  |
| ☐ Yes ☐ Other. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                                               |                                       |                                           |  |
| Educational                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                               | Other, Specify                        | Yes                                       |  |

Document Page 23 of 49 Case number (if know) Debtor 1 Paris Twyman 4.1 **Verizon Wireless** 0001 \$1,300.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/01/12 Last Active Po Box 49 When was the debt incurred? 2/28/15 Lakeland, FL 33802 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Blatt Hasenmiller Leibsker & Moore Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 211 Landmark Drive, Suite C-1 Part 2: Creditors with Nonpriority Unsecured Claims Normal, IL 61761 Last 4 digits of account number 0624 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Fulbright & Associates P.C. Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **PO BOX 1510** Part 2: Creditors with Nonpriority Unsecured Claims Rockford, IL 61101 Last 4 digits of account number 5047 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Paul Benjamin Fichter ☐ Part 1: Creditors with Priority Unsecured Claims 450 E . 22nd Street , Suite 250 Part 2: Creditors with Nonpriority Unsecured Claims Lombard, IL 60148 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Line 4.7 of (Check one): **Thomas A Green** ☐ Part 1: Creditors with Priority Unsecured Claims 6833 Stalter Drive First Floor Part 2: Creditors with Nonpriority Unsecured Claims 61108 Last 4 digits of account number 1755 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Winnebago County Circuit Court Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 400 W State St Part 2: Creditors with Nonpriority Unsecured Claims 2007SC0624 Rockford, IL 61101 Last 4 digits of account number 0624 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Winnebago County Circuit Court Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 400 W State St

Rockford, IL 61101

Winnebago County Circuit Court 400 W State St

On which entry in Part 1 or Part 2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims

Line **4.4** of (Check one):

Last 4 digits of account number

Part 2: Creditors with Nonpriority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

1755

Name and Address

2003SC1755

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| Debtor 1 Paris Twyman            |                                    | Case number (if know)                    |                |
|----------------------------------|------------------------------------|------------------------------------------|----------------|
| 2009SC3373<br>Rockford, IL 61101 |                                    |                                          |                |
|                                  | Last 4 digits of account number    | 3373                                     |                |
| Name and Address                 | On which entry in Part 1 or Part 2 | did you list the original creditor?      |                |
| Winnebago County Circuit Court   | Line 4.12 of (Check one):          | ☐ Part 1: Creditors with Priority Unsecu | red Claims     |
| 400 W State St<br>2009SC5047     |                                    | Part 2: Creditors with Nonpriority Uns   | secured Claims |
| Rockford, IL 61101               |                                    |                                          |                |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

5047

|                                |     |                                                                                                         |     | То | tal Claim             |
|--------------------------------|-----|---------------------------------------------------------------------------------------------------------|-----|----|-----------------------|
|                                | 6a. | Domestic support obligations                                                                            | 6a. | \$ | 0.00                  |
| Total                          |     |                                                                                                         |     |    |                       |
| claims<br>from Part 1          | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$ | 0.00                  |
|                                | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$ | 0.00                  |
|                                | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00                  |
|                                | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$ | 0.00                  |
|                                | 6f. | Student loans                                                                                           | 6f. | To | tal Claim<br>7,307.00 |
| Total<br>claims<br>from Part 2 | 6~  | Obligations spining out of a constation assessment or divisors that                                     |     |    |                       |
| from Part 2                    | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00                  |
|                                | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00                  |
|                                | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 21,548.71             |
|                                | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$ | 28,855.71             |

Last 4 digits of account number

|                                         |                         | 12111111          | $\cdots \cdots $ |            |
|-----------------------------------------|-------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------|
| Fill in this infor                      | mation to identify your | case:             |                                                                                                                                         |            |
| Debtor 1                                | Paris Twyman            |                   |                                                                                                                                         |            |
|                                         | First Name              | Middle Name       | Last Name                                                                                                                               |            |
| Debtor 2                                |                         |                   |                                                                                                                                         |            |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name                                                                                                                               |            |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS                                                                                                                             |            |
| Case number                             |                         |                   |                                                                                                                                         |            |
| (if known)                              |                         |                   |                                                                                                                                         | ☐ Check if |
|                                         |                         |                   |                                                                                                                                         | amended    |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Numbe | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|-------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |                               |                                                       |                   |                                         |
|     | Name      |                               |                                                       |                   | _                                       |
|     | Number    | Street                        |                                                       |                   | _                                       |
|     | City      |                               | State                                                 | ZIP Code          |                                         |
| 2.2 |           |                               |                                                       |                   |                                         |
|     | Name      |                               |                                                       |                   |                                         |
|     | Number    | Street                        |                                                       |                   | _                                       |
|     | City      |                               | State                                                 | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                               |                                                       |                   |                                         |
| 0   | Name      |                               |                                                       |                   | _                                       |
|     | Number    | Street                        |                                                       |                   |                                         |
|     | City      |                               | State                                                 | ZIP Code          | <del>_</del>                            |
| 2.4 | -         |                               |                                                       |                   |                                         |
|     | Name      |                               |                                                       |                   | _                                       |
|     | Number    | Street                        |                                                       |                   | _                                       |
|     | City      |                               | State                                                 | ZIP Code          |                                         |
| 2.5 |           |                               |                                                       |                   |                                         |
|     | Name      |                               |                                                       |                   | _                                       |
|     | Number    | Street                        |                                                       |                   | _                                       |
|     | City      |                               | State                                                 | ZIP Code          | <u> </u>                                |
|     | ,         |                               | 21010                                                 | 2.00              |                                         |

|                                |                                                                  | Docume                        | <u>nt Page 26 d</u>     | NT 49                                 |                                                                                                                   |
|--------------------------------|------------------------------------------------------------------|-------------------------------|-------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Fill in this i                 | information to identify your                                     |                               |                         |                                       |                                                                                                                   |
| Debtor 1                       | Paris Twyman                                                     |                               |                         |                                       |                                                                                                                   |
|                                | First Name                                                       | Middle Name                   | Last Name               |                                       |                                                                                                                   |
| Debtor 2<br>(Spouse if, filing | g) First Name                                                    | Middle Name                   | Last Name               |                                       |                                                                                                                   |
|                                | es Bankruptcy Court for the:                                     | NORTHERN DISTRICT             | OF ILLINOIS             |                                       |                                                                                                                   |
| Ormod Otati                    | oo bariitaptoy court for the.                                    |                               | 0                       |                                       |                                                                                                                   |
| Case numb<br>(if known)        | er                                                               |                               |                         |                                       | ☐ Check if this is an                                                                                             |
|                                |                                                                  |                               |                         |                                       | amended filing                                                                                                    |
| Official                       | Form 106H                                                        |                               |                         |                                       |                                                                                                                   |
|                                |                                                                  | abtera                        |                         |                                       |                                                                                                                   |
| Schea                          | ule H: Your Cod                                                  | eptors                        |                         |                                       | 12/15                                                                                                             |
|                                | and case number (if known)                                       |                               |                         | as a codebtor.                        |                                                                                                                   |
| ■ No<br>□ Yes                  |                                                                  |                               |                         |                                       |                                                                                                                   |
|                                | in the last 8 years, have you<br>a, California, Idaho, Louisiana |                               |                         |                                       | ty states and territories include<br>)                                                                            |
|                                | Go to line 3.                                                    |                               |                         |                                       |                                                                                                                   |
| ⊔ Yes.                         | Did your spouse, former spo                                      | use, or legal equivalent live | e with you at the time? |                                       |                                                                                                                   |
| in line :<br>Form 1            | 2 again as a codebtor only i                                     | f that person is a guaran     | tor or cosigner. Make   | sure you have listed t                | ng with you. List the person shown<br>the creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                                | Column 1: Your codebtor ame, Number, Street, City, State and Z   | P Code                        |                         | Column 2: The cr<br>Check all schedul | editor to whom you owe the debt es that apply:                                                                    |
| 3.1                            |                                                                  |                               |                         | ☐ Schedule D, lir                     | ne                                                                                                                |
|                                | lame                                                             |                               |                         | ☐ Schedule E/F,                       |                                                                                                                   |
|                                |                                                                  |                               |                         | ☐ Schedule G, Iir                     | ne                                                                                                                |
|                                | lumber Street                                                    |                               |                         | <u> </u>                              |                                                                                                                   |
| C                              | City                                                             | State                         | ZIP Code                |                                       |                                                                                                                   |
| 3.2                            |                                                                  |                               |                         | ☐ Schedule D, lir                     | ne                                                                                                                |
|                                | lame                                                             |                               |                         | □ Schedule E, iii                     |                                                                                                                   |
|                                |                                                                  |                               |                         | ☐ Schedule G, lir                     |                                                                                                                   |
| N                              | lumber Street                                                    |                               |                         | _                                     |                                                                                                                   |
|                                | City                                                             | State                         | ZIP Code                |                                       |                                                                                                                   |

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|                    | in this information to identify your ca                                                                                                                               | ase:                                                 |                                                  |                       |                  |                        |                      |             |                                    |                 |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|-----------------------|------------------|------------------------|----------------------|-------------|------------------------------------|-----------------|
| Del                | otor 1 Paris Twym                                                                                                                                                     | an                                                   |                                                  |                       | -                |                        |                      |             |                                    |                 |
|                    | otor 2                                                                                                                                                                |                                                      |                                                  |                       | _                |                        |                      |             |                                    |                 |
| Uni                | ted States Bankruptcy Court for the                                                                                                                                   | : NORTHERN DISTRIC                                   | CT OF ILLINOIS                                   |                       | _                |                        |                      |             |                                    |                 |
| Cas                | se number                                                                                                                                                             |                                                      |                                                  |                       |                  | Check                  | if this is:          | •<br>•      |                                    |                 |
| (If kr             | nown)                                                                                                                                                                 |                                                      | -                                                |                       |                  | ☐ An                   | amende               | ed filing   |                                    |                 |
|                    |                                                                                                                                                                       |                                                      |                                                  |                       |                  |                        |                      |             | ng postpetition<br>following date: |                 |
| $\bigcirc$         | fficial Form 106I                                                                                                                                                     |                                                      |                                                  |                       |                  |                        |                      |             | ollowing date.                     | •               |
| _                  | chedule I: Your Inc                                                                                                                                                   | <b>.</b>                                             |                                                  |                       |                  | MN                     | M / DD/ Y            | YYYY        |                                    | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **T 1: Describe Employment** | are married and not fili<br>r spouse is not filing w | ng jointly, and your s<br>ith you, do not includ | pouse is<br>le inform | s livir<br>natio | ng with y<br>n about y | ou, incl<br>your spo | ude infor   | mation about<br>nore space is      | your<br>needed, |
| 1.                 | Fill in your employment                                                                                                                                               |                                                      |                                                  |                       |                  |                        |                      |             |                                    |                 |
|                    | information.                                                                                                                                                          |                                                      | Debtor 1                                         |                       |                  |                        |                      |             | filing spouse                      |                 |
|                    | If you have more than one job, attach a separate page with                                                                                                            | Employment status                                    | ■ Employed                                       |                       |                  |                        | □ Empl               | •           |                                    |                 |
|                    | information about additional employers.                                                                                                                               | Occupation                                           | ☐ Not employed                                   |                       |                  |                        | □ Not e              | mployed     |                                    |                 |
|                    | Include part-time, seasonal, or self-employed work.                                                                                                                   | Employer's name                                      |                                                  |                       |                  |                        |                      |             |                                    |                 |
|                    | Occupation may include student or homemaker, if it applies.                                                                                                           | Employer's address                                   |                                                  |                       |                  |                        |                      |             |                                    |                 |
|                    |                                                                                                                                                                       | How long employed t                                  | here?                                            |                       |                  |                        | _                    |             |                                    |                 |
| Pai                | Give Details About Mor                                                                                                                                                | nthly Income                                         |                                                  |                       |                  |                        |                      |             |                                    |                 |
|                    | mate monthly income as of the duse unless you are separated.                                                                                                          | ate you file this form. If                           | you have nothing to re                           | port for a            | any lir          | ne, write S            | \$0 in the           | space. In   | ıclude your no                     | n-filing        |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to                                                                                            |                                                      | ombine the information                           | for all er            | mploy            | ers for th             | nat perso            | on on the I | lines below. If                    | you need        |
|                    |                                                                                                                                                                       |                                                      |                                                  |                       | I                | For Debt               | tor 1                |             | ebtor 2 or<br>ling spouse          |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,                                                                                                      |                                                      |                                                  | 2.                    | \$_              |                        | 0.00                 | \$          | N/A                                | -               |
| 3.                 | Estimate and list monthly overt                                                                                                                                       | ime pay.                                             |                                                  | 3.                    | +\$_             |                        | 0.00                 | +\$         | N/A                                | -               |
| 1                  | Calculate gross Income Add lin                                                                                                                                        | na 2 ± lina 3                                        |                                                  | 4                     | \$               |                        | 0.00                 | \$          | N/A                                |                 |

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| Debtor        | Paris Twyman                                                                                                                                                                                                                                                                                                         |                     | Case      | number (if known) |        |                            |          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|-------------------|--------|----------------------------|----------|
|               |                                                                                                                                                                                                                                                                                                                      |                     | For       | Debtor 1          |        | ebtor 2 or<br>iling spouse |          |
| (             | Copy line 4 here                                                                                                                                                                                                                                                                                                     | 4.                  | \$        | 0.00              | \$     | N/A                        |          |
| 5. <b>I</b>   | List all payroll deductions:                                                                                                                                                                                                                                                                                         |                     |           |                   |        |                            |          |
|               | 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                                    | 5a.                 | \$        | 0.00              | \$     | N/A                        |          |
|               | 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                     | 5b.                 | \$_       | 0.00              | \$     | N/A                        |          |
|               | 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                     | 5c.                 | \$        | 0.00              | \$     | N/A                        |          |
| Ę             | 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                                                                     | 5d.                 | \$_       | 0.00              | \$     | N/A                        |          |
|               | 5e. Insurance                                                                                                                                                                                                                                                                                                        | 5e.                 | \$        | 0.00              | \$     | N/A                        |          |
|               | 5f. Domestic support obligations                                                                                                                                                                                                                                                                                     | 5f.                 | \$        | 0.00              | \$     | N/A                        |          |
|               | 5g. Union dues                                                                                                                                                                                                                                                                                                       | 5g.                 | \$_       | 0.00              | \$     | N/A                        |          |
| Ę             | 5h. Other deductions. Specify:                                                                                                                                                                                                                                                                                       | 5h.+                | \$_       | 0.00              | + \$   | N/A                        |          |
| 6.            | <b>Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                | 6.                  | \$_       | 0.00              | \$     | N/A                        |          |
| 7. (          | Calculate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                                  | 7.                  | \$_       | 0.00              | \$     | N/A                        |          |
|               | List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                                                 |                     |           |                   |        |                            |          |
|               | monthly net income.                                                                                                                                                                                                                                                                                                  | 8a.                 | \$_       | 0.00              | \$     | N/A                        |          |
|               | 8b. Interest and dividends                                                                                                                                                                                                                                                                                           | 8b.                 | \$_       | 0.00              | \$     | N/A                        |          |
| 8             | 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                              | d <b>ent</b><br>8c. | \$        | 0.00              | \$     | N/A                        |          |
| 8             | 8d. Unemployment compensation                                                                                                                                                                                                                                                                                        | 8d.                 | \$        | 1,508.00          | \$     | N/A                        |          |
| 8             | 8e. Social Security                                                                                                                                                                                                                                                                                                  | 8e.                 | \$        | 0.00              | \$     | N/A                        |          |
|               | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps  8g. Pension or retirement income | 8f.                 | \$_<br>\$ | 357.00            | \$<br> | N/A                        |          |
|               | Oh Other menthly income Creeks                                                                                                                                                                                                                                                                                       | 8g.<br>8h.+         | \$<br>_   | 0.00              | ·      | N/A<br>N/A                 |          |
| ,             | 8n. Other monthly income. Specify:                                                                                                                                                                                                                                                                                   |                     | Ψ_        | 0.00              | 'Ψ     |                            | 1        |
| 9.            | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                             | 9.                  | \$        | 1,865.00          | \$     | N/A                        |          |
| 10.           | Calculate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                                                       | 10. \$              |           | 1,865.00 + \$     |        | N/A = \$                   | 1,865.00 |
|               | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                           | 1                   |           |                   |        | <del></del>                | 1,000.00 |
| 11. <b>\$</b> | State all other regular contributions to the expenses that you list in <i>Sche</i> Include contributions from an unmarried partner, members of your household, other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are Specify:                                   | your depend         |           |                   | ,      | hedule J.<br>11. +\$       | 0.00     |
| 1             | Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Capplies                                                                                                                                                         |                     |           |                   |        | 12. \$                     | 1,865.00 |
|               | Do you expect an increase or decrease within the year after you file this f                                                                                                                                                                                                                                          | orm?                |           |                   |        | monthly                    |          |

Official Form 106I Schedule I: Your Income page 2

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| Fill in this              | information to identify yo                          | our case:             |                                                   |                       | 1           |                                        |                                                        |
|---------------------------|-----------------------------------------------------|-----------------------|---------------------------------------------------|-----------------------|-------------|----------------------------------------|--------------------------------------------------------|
| Debtor 1                  | Paris Twyma                                         |                       |                                                   |                       | Chr         | eck if this is:                        |                                                        |
|                           | Falls Twyllia                                       | <u> </u>              |                                                   |                       |             | An amended filing                      |                                                        |
| Debtor 2<br>(Spouse, if t | filing)                                             |                       |                                                   |                       |             | A supplement show<br>13 expenses as of | wing postpetition chapter the following date:          |
| United State              | es Bankruptcy Court for the                         | : NORTHE              | ERN DISTRICT OF ILLING                            | OIS                   |             | MM / DD / YYYY                         |                                                        |
| Case numb                 | er                                                  |                       |                                                   |                       |             |                                        |                                                        |
| (If known)                |                                                     |                       |                                                   |                       |             |                                        |                                                        |
| Officia                   | al Form 106J                                        |                       |                                                   |                       |             |                                        |                                                        |
| Sched                     | dule J: Your                                        | Expen                 | ses                                               |                       |             |                                        | 12/1                                                   |
| Be as con information     | nplete and accurate as                              | possible. eded, attac | If two married people are to this t               |                       |             |                                        |                                                        |
| Part 1:                   | Describe Your House                                 | hold                  |                                                   |                       |             |                                        |                                                        |
|                           | s a joint case?                                     |                       |                                                   |                       |             |                                        |                                                        |
|                           | o. Go to line 2.<br>es. <b>Does Debtor 2 live</b> i | in a separa           | te household?                                     |                       |             |                                        |                                                        |
|                           | □ No                                                | a copara              |                                                   |                       |             |                                        |                                                        |
|                           |                                                     | st file Officia       | l Form 106J-2, <i>Expenses</i>                    | for Separate House    | ehold of De | btor 2.                                |                                                        |
| 2. <b>Do y</b> e          | ou have dependents?                                 | □ No                  |                                                   |                       |             |                                        |                                                        |
| Do no<br>Debto            | ot list Debtor 1 and or 2.                          | Yes.                  | Fill out this information for each dependent      | Dependent's relati    |             | Dependent's age                        | Does dependent live with you?                          |
| Do no                     | ot state the                                        |                       |                                                   | _                     |             |                                        | □ No                                                   |
| depe                      | ndents names.                                       |                       |                                                   | Son                   |             | 13                                     | ■ Yes<br>□ No                                          |
|                           |                                                     |                       |                                                   | Daughter              |             | 19                                     | ■ Yes                                                  |
|                           |                                                     |                       |                                                   |                       |             |                                        | □ No                                                   |
|                           |                                                     |                       |                                                   |                       |             |                                        | Yes                                                    |
|                           |                                                     |                       |                                                   |                       |             |                                        | □ No                                                   |
| 3. <b>Do v</b> o          | our expenses include                                | _ <b>■</b> 1          | Ma                                                |                       |             |                                        | ☐ Yes                                                  |
| expe                      | nses of people other the self and your depende      | han 🦳 、               |                                                   |                       |             |                                        |                                                        |
|                           | _                                                   |                       | _                                                 |                       |             |                                        |                                                        |
| Estimate                  | as of a date after the l                            | our bankru            | ptcy filing date unless y                         |                       |             |                                        | apter 13 case to report<br>of the form and fill in the |
| Include ex                | penses paid for with i                              | non-cash g            | overnment assistance if                           | you know              |             |                                        |                                                        |
|                           | or such assistance and<br>form 106I.)               | a nave inci           | uded it on <i>Schedule I:</i> Y                   | our income            |             | Your exp                               | enses                                                  |
|                           | rental or home owners<br>ents and any rent for the  |                       | ses for your residence. In<br>lot.                | nclude first mortgage | e<br>4.     | \$                                     | 450.00                                                 |
| If not                    | included in line 4:                                 |                       |                                                   |                       |             |                                        |                                                        |
| 4a.                       | Real estate taxes                                   |                       |                                                   |                       | 4a.         | \$                                     | 0.00                                                   |
| 4b.                       | Property, homeowner's                               |                       |                                                   |                       | 4b.         | · ———                                  | 0.00                                                   |
| 4c.                       | Home maintenance, re                                |                       |                                                   |                       | 4c.         | ·                                      | 0.00                                                   |
| 4d.<br>5. <b>Addi</b>     | Homeowner's associat                                |                       | ominium dues<br>u <b>r residence,</b> such as hoi | me equity loans       | 4d.<br>5.   | ·                                      | 0.00                                                   |

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| Debtor        | Paris Tv        | vyman                                                                                                         | Case num     | ber (if known)      |                        |
|---------------|-----------------|---------------------------------------------------------------------------------------------------------------|--------------|---------------------|------------------------|
| 6. <b>U</b> 1 | tilities:       |                                                                                                               |              |                     |                        |
| 5. <b>6</b>   |                 | , heat, natural gas                                                                                           | 6a.          | \$                  | 0.00                   |
| 6k            |                 | ewer, garbage collection                                                                                      | 6b.          | \$                  | 0.00                   |
| 60            |                 | e, cell phone, Internet, satellite, and cable services                                                        | 6c.          | ·                   | 220.00                 |
| 60            | •               |                                                                                                               | 6d.          | ·                   | 0.00                   |
|               |                 | sekeeping supplies                                                                                            | 7.           | ·                   | 200.00                 |
|               |                 | children's education costs                                                                                    | 8.           | \$                  | 150.00                 |
| _             |                 | dry, and dry cleaning                                                                                         | 9.           | \$                  | 50.00                  |
|               | -               | products and services                                                                                         | 9.<br>10.    | · -                 |                        |
|               |                 | •                                                                                                             |              | ·                   | 50.00                  |
|               |                 | ental expenses                                                                                                | 11.          | \$                  | 0.00                   |
|               | o not include o | i. Include gas, maintenance, bus or train fare.                                                               | 12.          | \$                  | 100.00                 |
|               |                 | clubs, recreation, newspapers, magazines, and books                                                           | 13.          | ·                   | 0.00                   |
|               |                 | tributions and religious donations                                                                            | 14.          | · -                 | 0.00                   |
|               | nsurance.       | tributions and rengious donations                                                                             | 17.          | Ψ                   | 0.00                   |
|               |                 | nsurance deducted from your pay or included in lines 4 or 20.                                                 |              |                     |                        |
|               | 5a. Life insur  |                                                                                                               | 15a.         | \$                  | 83.00                  |
|               | 5b. Health ins  |                                                                                                               | 15b.         | ·                   | 0.00                   |
|               | 5c. Vehicle in  |                                                                                                               | 15c.         | ·                   | 84.00                  |
|               |                 | urance. Specify:                                                                                              | 15d.         |                     | 0.00                   |
|               |                 | nclude taxes deducted from your pay or included in lines 4 or 20.                                             |              |                     | 0.00                   |
| _             | pecify:         | Troided taxes deducted from your pay of molded in inics 4 of 25.                                              | 16.          | \$                  | 0.00                   |
|               |                 | lease payments:                                                                                               |              |                     |                        |
| 17            | 7a. Car paym    | nents for Vehicle 1                                                                                           | 17a.         | \$                  | 550.00                 |
| 17            | 7b. Car paym    | nents for Vehicle 2                                                                                           | 17b.         | \$                  | 0.00                   |
| 17            | 7c. Other. Sp   | pecify:                                                                                                       | 17c.         | \$                  | 0.00                   |
| 17            | 7d. Other. Sp   | pecify:                                                                                                       | 17d.         | \$                  | 0.00                   |
|               |                 | s of alimony, maintenance, and support that you did not report as                                             |              | ¢                   | 0.00                   |
|               |                 | your pay on line 5, Schedule I, Your Income (Official Form 106I).                                             | 18.          | ·                   |                        |
|               |                 | s you make to support others who do not live with you.                                                        | 40           | \$                  | 0.00                   |
|               | pecify:         | control company and included in lines A on F of this forms on an Cabo                                         | 19.          | (                   |                        |
|               |                 | perty expenses not included in lines 4 or 5 of this form or on Sche                                           | 20a.         |                     | 0.00                   |
|               |                 |                                                                                                               |              | ·                   | 0.00                   |
|               | 0b. Real esta   |                                                                                                               | 20b.         | ·                   | 0.00                   |
|               |                 | homeowner's, or renter's insurance                                                                            | 20c.         | ·                   | 0.00                   |
|               |                 | nce, repair, and upkeep expenses                                                                              | 20d.         |                     | 0.00                   |
|               |                 | ner's association or condominium dues                                                                         | 20e.         | ·                   | 0.00                   |
| . <b>O</b>    | ther: Specify:  |                                                                                                               | 21.          | +\$                 | 0.00                   |
| 2. <b>C</b>   | alculate your   | monthly expenses                                                                                              |              |                     |                        |
| 22            | 2a. Add lines 4 | through 21.                                                                                                   |              | \$                  | 1,937.00               |
| 22            | 2b. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                         |              | \$                  |                        |
|               |                 | 2a and 22b. The result is your monthly expenses.                                                              |              | \$                  | 1,937.00               |
|               |                 |                                                                                                               |              | Ψ                   | 1,837.00               |
|               | •               | monthly net income.                                                                                           |              |                     |                        |
|               |                 | 12 (your combined monthly income) from Schedule I.                                                            | 23a.         |                     | 1,865.00               |
| 23            | 3b. Copy you    | ir monthly expenses from line 22c above.                                                                      | 23b.         | -\$                 | 1,937.00               |
| ~             | 0               | walls monthly avanage from your searthly in a re-                                                             |              |                     |                        |
| 23            |                 | your monthly expenses from your monthly income.<br>It is your <i>monthly net income</i> .                     | 23c.         | \$                  | -72.00                 |
|               |                 | ,                                                                                                             |              | 1                   |                        |
|               |                 | an increase or decrease in your expenses within the year after yo                                             |              |                     |                        |
|               |                 | you expect to finish paying for your car loan within the year or do you expect you<br>terms of your mortgage? | r mortgage į | payment to increase | or decrease because of |
|               |                 | s terms of your mortgage:                                                                                     |              |                     |                        |
|               | No.             | le i i i                                                                                                      |              |                     |                        |
|               | ] Yes.          | Explain here:                                                                                                 |              |                     |                        |

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| Fill in this infor                  | mation to identify your                           | case:                          |            |                            |                                                                           |       |
|-------------------------------------|---------------------------------------------------|--------------------------------|------------|----------------------------|---------------------------------------------------------------------------|-------|
| Debtor 1                            | Paris Twyman                                      |                                |            |                            | _                                                                         |       |
| Dahtano                             | First Name                                        | Middle Name                    | Last Name  | 9                          |                                                                           |       |
| Debtor 2<br>(Spouse if, filing)     | First Name                                        | Middle Name                    | Last Name  | Э                          | -                                                                         |       |
| United States Ba                    | ankruptcy Court for the:                          | NORTHERN DISTRICT OF I         | LLINOIS    |                            | _                                                                         |       |
| Case number (if known)              |                                                   |                                |            |                            | ☐ Check if this is an amended filing                                      |       |
| Official Form                       | m 106Dec                                          |                                |            |                            |                                                                           |       |
| <b>Declarat</b>                     | tion About a                                      | an Individual De               | ebtor'     | s Schedules                | 3                                                                         | 12/15 |
| obtaining mone<br>years, or both. 1 |                                                   | in connection with a bankrupto |            |                            | statement, concealing property,<br>50,000, or imprisonment for up to      |       |
| Did you pa                          | y or agree to pay some                            | eone who is NOT an attorney t  | o help you | fill out bankruptcy form   | s?                                                                        |       |
| ■ No                                |                                                   |                                |            |                            |                                                                           |       |
| ☐ Yes.                              | Name of person                                    |                                |            |                            | Bankruptcy Petition Preparer's No<br>ration, and Signature (Official Form |       |
|                                     | alty of perjury, I declare<br>e true and correct. | that I have read the summary   | and sched  | lules filed with this decl | aration and                                                               |       |
| X /s/ Par                           | is Twyman                                         |                                | х          |                            |                                                                           |       |
| Paris 7                             | Twyman re of Debtor 1                             | ·                              |            | nature of Debtor 2         |                                                                           |       |

Date

Date June 29, 2016

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| Fill i  | n this inform      | ation to identify you                      | r case:                                                                                       |                                                       |                                                                 |                                                       |
|---------|--------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|
| Debt    | or 1               | Paris Twyman First Name                    | Middle Name                                                                                   | Loot Nama                                             |                                                                 |                                                       |
| Debt    | or 2               | First Name                                 | Middle Name                                                                                   | Last Name                                             |                                                                 |                                                       |
| (Spou   | se if, filing)     | First Name                                 | Middle Name                                                                                   | Last Name                                             |                                                                 |                                                       |
| Unite   | ed States Ban      | kruptcy Court for the:                     | NORTHERN DISTRICT C                                                                           | F ILLINOIS                                            |                                                                 |                                                       |
| Case    | number             |                                            |                                                                                               |                                                       |                                                                 |                                                       |
| (if kno | wn)                |                                            |                                                                                               |                                                       | _                                                               | Check if this is an                                   |
|         |                    |                                            |                                                                                               |                                                       |                                                                 | amended filing                                        |
| Ott     | icial Far          | m 107                                      |                                                                                               |                                                       |                                                                 |                                                       |
|         | icial For          |                                            | Affaira far Individ                                                                           | luala Filipa far F                                    | ) on less up to v                                               |                                                       |
|         |                    |                                            | Affairs for Individ                                                                           |                                                       |                                                                 | 4/1                                                   |
|         |                    |                                            |                                                                                               |                                                       | equally responsible for sup<br>y additional pages, write yo     |                                                       |
| numk    | er (if known       | ). Answer every que                        | stion.                                                                                        |                                                       |                                                                 |                                                       |
| Part    | 1: Give De         | etails About Your Ma                       | rital Status and Where You                                                                    | Lived Before                                          |                                                                 |                                                       |
| 1. \    | What is your       | current marital statu                      | ıs?                                                                                           |                                                       |                                                                 |                                                       |
|         | ☐ Married          |                                            |                                                                                               |                                                       |                                                                 |                                                       |
|         | ■ Not marr         | ied                                        |                                                                                               |                                                       |                                                                 |                                                       |
| 2. I    | During the la      | et 3 years have you                        | lived anywhere other than v                                                                   | where you live now?                                   |                                                                 |                                                       |
|         | _                  | st 5 years, nave you                       | iived arrywriere other than t                                                                 | where you live now :                                  |                                                                 |                                                       |
|         | □ No<br>■ Voc List |                                            | ived in the last 2 years. Do no                                                               | t in aluda whara yay liya na                          |                                                                 |                                                       |
|         | Yes. List          | all of the places you i                    | ived in the last 3 years. Do no                                                               | ot include where you live nov                         | V.                                                              |                                                       |
|         | Debtor 1 Pri       | or Address:                                | Dates Debtor 1<br>lived there                                                                 | Debtor 2 Prior A                                      | ddress:                                                         | Dates Debtor 2<br>lived there                         |
|         | 4420 Lori 🛭        | Prive Apt. C                               | From-To:                                                                                      | ☐ Same as Debtor                                      | 1                                                               | ☐ Same as Debtor 1                                    |
|         | Rockford, I        | L 61114                                    | 09/2009-02/20                                                                                 | 15                                                    |                                                                 | From-To:                                              |
|         | and territorie     | es include Arizona, Ca                     |                                                                                               | /ada, New Mexico, Puerto R                            | nity property state or territor<br>ico, Texas, Washington and V |                                                       |
|         |                    | te sure you fill out och                   | redule 11. Tour Codebiors (Or                                                                 | iiciai i oiiii 100i i).                               |                                                                 |                                                       |
| Part    | 2 Explain          | the Sources of You                         | r Income                                                                                      |                                                       |                                                                 |                                                       |
| I       | Fill in the total  | amount of income yo                        | nployment or from operating<br>u received from all jobs and a<br>have income that you receive | III businesses, including part                        |                                                                 | endar years?                                          |
| I       | □ No               |                                            |                                                                                               |                                                       |                                                                 |                                                       |
| ı       | Yes. Fill          | in the details.                            |                                                                                               |                                                       |                                                                 |                                                       |
|         |                    |                                            | Debtor 1                                                                                      |                                                       | Debtor 2                                                        |                                                       |
|         |                    |                                            | Sources of income<br>Check all that apply.                                                    | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|         |                    | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips                                                           | \$4,948.00                                            | ☐ Wages, commissions, bonuses, tips                             |                                                       |
|         |                    |                                            | ☐ Operating a business                                                                        |                                                       | ☐ Operating a business                                          |                                                       |
|         |                    |                                            |                                                                                               |                                                       |                                                                 |                                                       |

Case 16-81565 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:57 Desc Main Page 33 of 49 Case number (if known) Document Debtor 1 Paris Twyman Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$33,581.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$12,586.00 □ Wages, commissions, Wages, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. Describe below. (before deductions each source (before deductions and and exclusions) exclusions) From January 1 of current year until SNAP/LINK/Food \$2,142.00 the date you filed for bankruptcy: **Stamps** Unemployment \$5,655.00 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address **Dates of payment** Amount you Was this payment for ... Total amount still owe paid

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| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                      |                                                                                         |                      |                                                 |  |  |  |  |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------|----------------------|-------------------------------------------------|--|--|--|--|--|--|
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                         |                      |                                                 |  |  |  |  |  |  |
|     | Insider's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dates of payment     | Total amount paid                                                                       | Amount you still owe | Reason for this payment                         |  |  |  |  |  |  |
| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | ments or transfer a                                                                     | ny property on a     | ccount of a debt that benefited an              |  |  |  |  |  |  |
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _ 110                |                                                                                         |                      |                                                 |  |  |  |  |  |  |
|     | Insider's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dates of payment     | Total amount paid                                                                       | Amount you still owe | Reason for this payment Include creditor's name |  |  |  |  |  |  |
| Pai | t 4: Identify Legal Actions, Repossession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ns, and Foreclosures |                                                                                         |                      |                                                 |  |  |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                         |                      |                                                 |  |  |  |  |  |  |
|     | Case title Case number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Nature of the case   | Court or agency                                                                         |                      | Status of the case                              |  |  |  |  |  |  |
|     | Midland Funding LLC vs Paris<br>Twyman<br>2007SC0624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | yman Court           |                                                                                         |                      | ☐ Pending ☐ On appeal ☐ Concluded               |  |  |  |  |  |  |
|     | Laurie Bellino vs. Paris Twyman<br>2003LM0630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                         |                      | ☐ Pending ☐ On appeal ☐ Concluded               |  |  |  |  |  |  |
|     | NCO FINANCIAL AS ASSIGNEE OF<br>R vs. Paris M Twyman<br>2003SC1755                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contract             | Winnebago County Circuit<br>Court<br>400 W State St<br>2003SC1755<br>Rockford, IL 61101 |                      | ☐ Pending ☐ On appeal ☐ Concluded               |  |  |  |  |  |  |
|     | Credit Union 1 vs. Paris M Twyman 2009SC3373                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Contract             | Winnebago County Circuit<br>Court<br>400 W State St<br>2009SC3373<br>Rockford, IL 61101 |                      | ☐ Pending ☐ On appeal ☐ Concluded               |  |  |  |  |  |  |
|     | The Hartford Ins Group vs. Paris M<br>Twyman<br>2009SC5047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contract             | Winnebago Co<br>Court<br>400 W State St<br>2009SC5047<br>Rockford, IL 61                | •                    | ☐ Pending ☐ On appeal ■ Concluded               |  |  |  |  |  |  |

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| Deb | otor 1 Paris Twyman                                                                              |         | Case number                                                                                                                              | (if known)               |                         |
|-----|--------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|
|     |                                                                                                  |         |                                                                                                                                          |                          |                         |
| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details below |         | as any of your property repossessed, foreclosed                                                                                          | I, garnished, attached   | d, seized, or levied?   |
|     | No. Go to line 11.                                                                               |         |                                                                                                                                          |                          |                         |
|     | ☐ Yes. Fill in the information below.                                                            |         |                                                                                                                                          |                          |                         |
|     | Creditor Name and Address                                                                        | Des     | scribe the Property                                                                                                                      | Date                     | Value of the propert    |
|     |                                                                                                  | Ex      | plain what happened                                                                                                                      |                          |                         |
| 11. | accounts or refuse to make a payment be                                                          |         | did any creditor, including a bank or financial in<br>you owed a debt?                                                                   | stitution, set off any a | nmounts from your       |
|     | Yes. Fill in the details.  Creditor Name and Address                                             | Des     | scribe the action the creditor took                                                                                                      | Date action was          | Amour                   |
|     | Creditor Name and Address                                                                        | Des     | scribe the action the creditor took                                                                                                      | taken                    | Allioui                 |
| 12. | court-appointed receiver, a custodian, or  No                                                    |         | as any of your property in the possession of an errofficial?                                                                             | assignee for the bene    | efit of creditors, a    |
|     | ☐ Yes                                                                                            |         |                                                                                                                                          |                          |                         |
| Par | t 5: List Certain Gifts and Contributions                                                        | ;       |                                                                                                                                          |                          |                         |
| 13. | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift.      | ptcy, c | lid you give any gifts with a total value of more t                                                                                      | han \$600 per person'    | ?                       |
|     | Gifts with a total value of more than \$600 per person                                           |         | Describe the gifts                                                                                                                       | Dates you gave the gifts | Valu                    |
|     | Person to Whom You Gave the Gift and Address:                                                    |         |                                                                                                                                          |                          |                         |
| 14. | Within 2 years before you filed for bankru                                                       | ptcy, c | lid you give any gifts or contributions with a tota                                                                                      | al value of more than    | \$600 to any charity    |
|     | No No                                                                                            |         |                                                                                                                                          |                          |                         |
|     | Yes. Fill in the details for each gift or co                                                     |         |                                                                                                                                          | Datas vou                | Valu                    |
|     | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                |         | Describe what you contributed                                                                                                            | Dates you contributed    | Valu                    |
| Par | t 6: List Certain Losses                                                                         |         |                                                                                                                                          |                          |                         |
| 15. | Within 1 year before you filed for bankrup or gambling?                                          | tcy or  | since you filed for bankruptcy, did you lose any                                                                                         | thing because of thef    | t, fire, other disaste  |
|     | ■ No □ Yes. Fill in the details.                                                                 |         |                                                                                                                                          |                          |                         |
|     | how the loss occurred                                                                            | Include | be any insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property. | Date of your loss        | Value of propert<br>los |
| Par | t 7: List Certain Payments or Transfers                                                          |         |                                                                                                                                          |                          |                         |
|     | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p               | reparir | d you or anyone else acting on your behalf pay on go a bankruptcy petition?  s, or credit counseling agencies for services require       |                          | rty to anyone you       |
|     | □ No                                                                                             |         |                                                                                                                                          |                          |                         |
|     | Yes. Fill in the details.                                                                        |         |                                                                                                                                          |                          |                         |
|     | Person Who Was Paid                                                                              |         | Description and value of any property                                                                                                    | Date payment             | Amount o                |
|     | Address Email or website address                                                                 |         | transferred                                                                                                                              | or transfer was made     | paymer                  |

Person Who Made the Payment, if Not You

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|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                                                                                                      | Description and transferred                          | transferred                                           |                | Date payment or transfer was made                       | Amount of payment                             |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|----------------|---------------------------------------------------------|-----------------------------------------------|--|
|     | Springer Law Firm<br>2222 E State St, Suite 107<br>Rockford, IL 61104                                                                                                                                                      | Legal Fees                                           |                                                       |                | 06/2016                                                 | \$500.00                                      |  |
| 17. | Within 1 year before you filed for bankruptc<br>promised to help you deal with your credito<br>Do not include any payment or transfer that you                                                                             | rs or to make payment                                |                                                       |                | or transfer any prope                                   | erty to anyone who                            |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                           |                                                      |                                                       |                |                                                         |                                               |  |
|     | Person Who Was Paid<br>Address                                                                                                                                                                                             | Description and transferred                          | value of any prop                                     | erty           | Date payment or transfer was made                       | Amount of payment                             |  |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread.  No Yes. Fill in the details. | usiness or financial aff<br>ade as security (such as | airs?<br>the granting of a s                          |                |                                                         |                                               |  |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you                                                                                                                                                    | Description and property transfer                    |                                                       |                | any property or<br>received or debts<br>change          | Date transfer was made                        |  |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro                                                                                                                                |                                                      | ny property to a s                                    | elf-settled tr | ust or similar device                                   | of which you are a                            |  |
|     | Yes. Fill in the details.  Name of trust                                                                                                                                                                                   | Description and                                      | Description and value of the property transferred     |                |                                                         |                                               |  |
|     |                                                                                                                                                                                                                            | ·                                                    |                                                       | ·              |                                                         | made                                          |  |
| Par | t 8: List of Certain Financial Accounts, Ins                                                                                                                                                                               | struments, Safe Deposi                               | t Boxes, and Sto                                      | rage Units     |                                                         |                                               |  |
| 20. | Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, assoc ☐ No                                                        | or other financial accou                             | nts; certificates o                                   | of deposit; sl | •                                                       | , ,                                           |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                  |                                                      |                                                       |                |                                                         |                                               |  |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)                                                                                                                                 | Last 4 digits of account number                      | Type of accour instrument                             | clo            | ate account was<br>osed, sold,<br>oved, or<br>onsferred | Last balance<br>before closing or<br>transfer |  |
|     | Bank of America<br>4161 Piedmont Pkwy<br>Greensboro, NC 27410                                                                                                                                                              | xxxx-                                                | ■ Checking □ Savings □ Money Mark □ Brokerage □ Other |                | 2016                                                    | Unknown                                       |  |

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Debtor 1 Paris Twyman

| Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | ry for securities,             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------|--|
| ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                      | Who else had access to it? Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Describe the contents                   | Do you still have it?          |  |
| Have you stored property in a storage unit or p                                                                                                                                                                                                                                                                                                          | lace other than your home within 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | year before you filed for bankruptcy?   |                                |  |
| □ No ■ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Name of Storage Facility Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                              | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Describe the contents                   | Do you still have it?          |  |
| Public Storage<br>3231 N Main Sreet<br>Rockford, IL 61103                                                                                                                                                                                                                                                                                                | Paris Twyman<br>1611 Constitution PI<br>Rockford, IL 61103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Furniture                               | □ No<br>■ Yes                  |  |
| t 9: Identify Property You Hold or Control for                                                                                                                                                                                                                                                                                                           | Someone Else                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                |  |
| Do you hold or control any property that someofor someone.                                                                                                                                                                                                                                                                                               | one else owns? Include any proper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rty you borrowed from, are storing for, | or hold in trust               |  |
| ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                       | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Describe the property                   | Value                          |  |
| t 10: Give Details About Environmental Inform                                                                                                                                                                                                                                                                                                            | ation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                |  |
| the purpose of Part 10, the following definitions                                                                                                                                                                                                                                                                                                        | apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                |  |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Report all notices, releases, and proceedings that you know about, regardless of when they occurred.                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Has any governmental unit notified you that you                                                                                                                                                                                                                                                                                                          | u may be liable or potentially liable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | under or in violation of an environme   | ntal law?                      |  |
| ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                       | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Environmental law, if you know it       | Date of notice                 |  |
| Have you notified any governmental unit of any                                                                                                                                                                                                                                                                                                           | release of hazardous material?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                |  |
| ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                |  |
| Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                       | Governmental unit Address (Number, Street, City, State an ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Environmental law, if you know it       | Date of notice                 |  |
|                                                                                                                                                                                                                                                                                                                                                          | No  Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Have you stored property in a storage unit or pi  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Public Storage 3231 N Main Sreet Rockford, IL 61103  19: Identify Property You Hold or Control for Do you hold or control any property that some of or someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  10: Give Details About Environmental Informathe purpose of Part 10, the following definitions  Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sui Site means any location, facility, or property as to own, operate, or utilize it, including disposal Hazardous material means anything an environ hazardous material means anything an environ hazardous material, pollutant, contaminant, or sort all notices, releases, and proceedings that you has any governmental unit notified you that you was property street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site No Yes. Fill in the details. | ■ No                                    | No   Yes. Fill in the details. |  |

Case number (if known) Debtor 1 Paris Twyman 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Paris Twyman Signature of Debtor 2 Paris Twyman Signature of Debtor 1 Date June 29, 2016 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor                                                                                                                                                                                                                                                                                                                                                                                             | mation to identify your o                      | case:                 |                           |                                                        |                               |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------|-------------------------------|--------------------------------------------------------|
| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                       | Paris Twyman                                   |                       |                           |                                                        |                               |                                                        |
| Dahtano                                                                                                                                                                                                                                                                                                                                                                                                        | First Name                                     | Middle Name           | La                        | st Name                                                |                               |                                                        |
| Debtor 2<br>(Spouse if, filing)                                                                                                                                                                                                                                                                                                                                                                                | First Name                                     | Middle Name           | La                        | ist Name                                               |                               |                                                        |
| United States Ba                                                                                                                                                                                                                                                                                                                                                                                               | ankruptcy Court for the:                       | NORTHERN DIST         | RICT OF ILLING            | DIS                                                    |                               |                                                        |
| Case number                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                       |                           |                                                        |                               |                                                        |
| (if known)                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                       |                           |                                                        |                               | ☐ Check if this is an amended filing                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                       |                           |                                                        |                               |                                                        |
| Official Fo                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                       |                           |                                                        |                               |                                                        |
| Stateme                                                                                                                                                                                                                                                                                                                                                                                                        | nt of Intentio                                 | n for Indiv           | iduals F                  | iling Under Cl                                         | hapter 7                      | 12/15                                                  |
| If you are an ind                                                                                                                                                                                                                                                                                                                                                                                              | ividual filing under chap                      | oter 7, you must fill | out this form if          | :                                                      |                               |                                                        |
| creditors hav                                                                                                                                                                                                                                                                                                                                                                                                  | e claims secured by you                        | ır property, or       |                           |                                                        |                               |                                                        |
| You must file thi                                                                                                                                                                                                                                                                                                                                                                                              | ever is earlier, unless th                     | ithin 30 days after   | you file your ba          | nkruptcy petition or by th<br>. You must also send cop | ne date set for the credition | ne meeting of creditors,<br>itors and lessors you list |
|                                                                                                                                                                                                                                                                                                                                                                                                                | eople are filing together nd date the form.    | in a joint case, bot  | th are equally re         | esponsible for supplying                               | correct informa               | tion. Both debtors must                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                | and accurate as possible our name and case nun |                       | needed, attach            | a separate sheet to this                               | form. On the to               | o of any additional pages,                             |
| Part 1: List Y                                                                                                                                                                                                                                                                                                                                                                                                 | our Creditors Who Have                         | Secured Claims        |                           |                                                        |                               |                                                        |
| For any credit information be                                                                                                                                                                                                                                                                                                                                                                                  | •                                              | rt 1 of Schedule D    | : Creditors Who           | Have Claims Secured by                                 | Property (Offic               | cial Form 106D), fill in the                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                | editor and the property the                    | nat is collateral     | What do you secures a del | intend to do with the propot?                          | •                             | Did you claim the property as exempt on Schedule C?    |
|                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                       |                           |                                                        |                               |                                                        |
| Creditor's <b>E</b><br>name:                                                                                                                                                                                                                                                                                                                                                                                   | Exeter Finance Corp                            |                       | ☐ Surrender t             | he property. property and redeem it.                   |                               | □ No                                                   |
| December the second                                                                                                                                                                                                                                                                                                                                                                                            |                                                | 0.445                 | _                         | property and enter into a                              |                               | Yes                                                    |
| Description of property                                                                                                                                                                                                                                                                                                                                                                                        | 2011 Kia Optima 13                             | 30,415 miles          |                           | ion Agreement.                                         |                               |                                                        |
| securing debt                                                                                                                                                                                                                                                                                                                                                                                                  | :                                              |                       | ☐ Retain the              | property and [explain]:                                |                               |                                                        |
| Part 2: List Y                                                                                                                                                                                                                                                                                                                                                                                                 | our Unexpired Personal                         | Property Leases       |                           |                                                        |                               |                                                        |
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                                                |                       |                           |                                                        |                               |                                                        |
| Describe your u                                                                                                                                                                                                                                                                                                                                                                                                | unexpired personal prop                        | erty leases           |                           |                                                        | Will 1                        | the lease be assumed?                                  |
| l accorio nomo:                                                                                                                                                                                                                                                                                                                                                                                                |                                                | •                     |                           |                                                        | <b>-</b>                      |                                                        |
| Lessor's name:<br>Description of lea                                                                                                                                                                                                                                                                                                                                                                           | ased                                           |                       |                           |                                                        | □N                            | 0                                                      |
| Property:                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                       |                           |                                                        | □ Y                           | es                                                     |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                       |                           |                                                        | □ N                           | lo                                                     |
| Description of lea<br>Property:                                                                                                                                                                                                                                                                                                                                                                                | ased                                           |                       |                           |                                                        | □ Y                           | es                                                     |
| Lessor's name:                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                       |                           |                                                        | □ N                           | lo                                                     |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1                        | Paris Twyman                                                                                   | Case number (if known)                                                            |
|---------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Description Property:           | on of leased                                                                                   | ☐ Yes                                                                             |
|                                 | on of leased                                                                                   | □ No                                                                              |
| Property:                       |                                                                                                | ☐ Yes                                                                             |
| Lessor's<br>Description         | name:<br>on of leased                                                                          | □ No                                                                              |
| Property:                       |                                                                                                | ☐ Yes                                                                             |
| Lessor's                        |                                                                                                | □ No                                                                              |
| Description of leased Property: |                                                                                                | ☐ Yes                                                                             |
| Lessor's                        |                                                                                                | □ No                                                                              |
| Property:                       | on of leased                                                                                   | ☐ Yes                                                                             |
| Part 3:                         | Sign Below                                                                                     |                                                                                   |
|                                 | nalty of perjury, I declare that I have indicated it<br>that is subject to an unexpired lease. | ny intention about any property of my estate that secures a debt and any personal |
|                                 | Paris Twyman                                                                                   | X                                                                                 |
|                                 | is Twyman<br>nature of Debtor 1                                                                | Signature of Debtor 2                                                             |
| Date                            | June 29, 2016                                                                                  | Date                                                                              |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-81565 Doc 1 Filed 06/29/16 Entered 06/29/16 12:37:57 Desc Main Document Page 45 of 49

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In re       | Paris Twyman                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     | Case No.                                                       |                                          |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|
|             | -                                                                                                                                                                                                                                                                                                                                                                                                 | Debtor(s)                                                                                                                           | Chapter                                                        | 7                                        |
|             | DISCLOSURE OF COMPEN                                                                                                                                                                                                                                                                                                                                                                              | NSATION OF ATTOR                                                                                                                    | RNEY FOR DE                                                    | EBTOR(S)                                 |
| c           | tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20160 ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of                                                                                                                                                                                                                        | g of the petition in bankruptcy,                                                                                                    | or agreed to be paid                                           | to me, for services rendered or to       |
|             | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     | \$                                                             | 500.00                                   |
|             | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     |                                                                | 500.00                                   |
|             | Balance Due                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     | \$                                                             | 0.00                                     |
| 2. T        | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                                                |                                          |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     |                                                                |                                          |
| 3. T        | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                |                                          |
|             | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     |                                                                |                                          |
| 4. <b>I</b> | I have not agreed to share the above-disclosed comp                                                                                                                                                                                                                                                                                                                                               | ensation with any other person                                                                                                      | unless they are mem                                            | bers and associates of my law firm.      |
| Γ           | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the nar                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                                                |                                          |
| 5. I        | n return for the above-disclosed fee, I have agreed to re                                                                                                                                                                                                                                                                                                                                         | nder legal service for all aspects                                                                                                  | s of the bankruptcy c                                          | ase, including:                          |
| b<br>c      | <ul> <li>Analysis of the debtor's financial situation, and rende</li> <li>Preparation and filing of any petition, schedules, state</li> <li>Representation of the debtor at the meeting of creditor</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and application</li> <li>522(f)(2)(A) for avoidance of liens on hor</li> </ul> | ement of affairs and plan which<br>ors and confirmation hearing, an<br>educe to market value; exe<br>ons as needed; preparation     | may be required;<br>and any adjourned hea<br>emption planning; | rings thereof; preparation and filing of |
| б. E        | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any dis<br>any other adversary proceeding.                                                                                                                                                                                                                                                           |                                                                                                                                     |                                                                | es, relief from stay actions or          |
|             |                                                                                                                                                                                                                                                                                                                                                                                                   | CERTIFICATION                                                                                                                       |                                                                |                                          |
|             | certify that the foregoing is a complete statement of an ankruptcy proceeding.                                                                                                                                                                                                                                                                                                                    | y agreement or arrangement for                                                                                                      | payment to me for re                                           | epresentation of the debtor(s) in        |
| Ju          | ine 29, 2016                                                                                                                                                                                                                                                                                                                                                                                      | /s/ Daniel A. Sprir                                                                                                                 | nger                                                           |                                          |
| Do          | ite                                                                                                                                                                                                                                                                                                                                                                                               | Daniel A. Springe<br>Signature of Attorne<br>Springer Law Firr<br>2222 E State St<br>Suite 107<br>Rockford, IL 6110<br>815.312.4725 | y<br><b>n</b>                                                  |                                          |
|             |                                                                                                                                                                                                                                                                                                                                                                                                   | dspringerlaw@gr<br>Name of law firm                                                                                                 | nan.com                                                        |                                          |

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Springer Law Firm

2222 East State St. # 107, Rockford, IL

815.312.4275

### CHAPTER 7 RETAINER AGREEMENT

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- 1. The attorney fees for the Chapter 7 bankruptcy are \$500. This is a flat fee arrangement, and does not include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold.

  Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement. This includes adversary proceedings that may fall under the bankruptcy case. This agreement does not include representation in such adversary proceedings.
- 7. I understand that all money paid towards attorney fees is non-refundable. I understand that once I pay Springer Law, that Springer Law begins work on my case. I understand that the majority of bankruptcy work is done prior to the filing of the case, and because of this the fees are earned even before the filing of the case.
- 8. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 9. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.

10. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated:

Signature:

Print Name:

Attorney Signature: 1

Attorney Print:

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Paris Twyman                                 | Debtor(s)                                         | Case No. Chapter | 7                         |
|-------|----------------------------------------------|---------------------------------------------------|------------------|---------------------------|
|       | VED                                          | IFICATION OF CREDITOR MA                          | TDIV             |                           |
|       | VER                                          | Number of C                                       |                  | 21                        |
|       | The above-named Debtor(s) h (our) knowledge. | ereby verifies that the list of creditor          | rs is true and   | correct to the best of my |
| Date: | June 29, 2016                                | /s/ Paris Twyman Paris Twyman Signature of Debtor |                  |                           |

Bank of America 4161 Piedmont Pkwy Greensboro, NC 27410

Blatt Hasenmiller Leibsker & Moore 211 Landmark Drive, Suite C-1 Normal, IL 61761

Cci Contract Callers I Augusta, GA 30901

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Credit Union 1 4227 Maray Drive #5 Rockford, IL 61107

Exeter Finance Corp Po Box 166097 Irving, TX 75016

Fulbright & Associates P.C. PO BOX 1510 Rockford, IL 61101

Laurie Bellino PO BOX 326 Harvard, IL 60033

Midland Funding, LLC Attn: Bankruptcy Dept. 2365 Northside Drive, Suite 300 San Diego, CA 92108

NCO Financial Systems 507 Prudential Road Horsham, PA 19044

Nicor Gas Attn: Bankruptcy Dept. PO Box 5407 Carol Stream, IL 60197 Paul Benjamin Fichter 450 E . 22nd Street , Suite 250 Lombard, IL 60148

Rockford Mercantile 2502 S Alpine Rd Rockford, IL 61108

The Hartford Ins Group 4245 Meridian Pkwy ,Suite 101 Aurora, IL 60504

Thomas A Green 6833 Stalter Drive First Floor 61108

Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707

Verizon Wireless Po Box 49 Lakeland, FL 33802

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Winnebago County Circuit Court 400 W State St 2009SC3373 Rockford, IL 61101

Winnebago County Circuit Court 400 W State St 2009SC5047 Rockford, IL 61101